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The CLARION

San Francisco Hospital
Tuberculosis Division

DECEMBER 1939

Department of Public Health

The CLARION

UNIV OF CALIF MEDICAL SCHOOL

San Francisco Hospital
Tuberculosis Division

First Issue

DECEMBER 1939

THE CLARION MUST BECOME A POTENT INFLUENCE FOR GOOD

By E.A. SCHAPER, M.D.

After about six months of ground work and preparation our first issue of the San Francisco Hospital CLARION is in your hands.

Many tuberculosis sanatoria in this country publish a periodical of this kind. The San Francisco Tuberculosis Hospital is different in one respect from most other institutions designed from the treatment of pulmonary tuberculosis inasmuch as we are a part of a large general hospital, located in a big city.

Perhaps that is the reason a hospital paper has never been started here before.

In a hospital of this kind where most of our patients remain anywhere from six months to several years there is a definite need for such a publication.

The success of our treatment of pulmonary tuberculosis depends largely upon our ability to teach the patient how to overcome this disease. Therefore, any sanatorium or tuberculosis hospital is first of all a school.

A school should have some medium through which information can be disseminated among its students. The CLARION should become a supplement to our radio broadcasting system for the spread of knowledge among our patients which will not only help them to understand better how to overcome tuberculosis while here but will also be a means of fortifying them against possible recurrences after leaving here.

It should be a well-balanced paper, not too pedantic nor technical. It should speak the language of the patient. He must feel that it is his paper. It should reflect his thoughts and aspirations.

It must be kept optimistic and dignified. Not one of us should ever feel ashamed of anything which appears in its pages. It must refrain from anything which irritates or provokes resentment in others. Its humor must be clean and stimulating--never suggestive or faultfinding.

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We wish the CLARION to become a powerful influence for uniting us all, both patients and staff, in the one common purpose of making the San Francisco Tuberculosis Division the outstanding one of its kind in the United States.

This, our first edition, is but a humble mimeographed volume. However, it is a beginning. We do not know when number two will be available. This will depend a great deal upon how well this first edition is received and the response of our contributors.

We feel that it is better to begin humbly and grow gradually but surely up to our full stature than to begin big and "peter out".

As long as our paper is mimeographed we cannot undertake to get out an edition oftener than every two or three months.

We hope that after a few editions like this one we may be permitted to solicit advertising for the CLARION's support, as most other periodicals of this kind do. Then there will be no good reason why we cannot make our paper the best one of its kind in existence for we have a fine city, a patriotic body of citizens, a medical staff second to none, and a modern hospital building containing nearly 500 patients among whom are many college and high school graduates besides others having special training and experience.

The success or failure of this paper, or of this hospital for that matter, depends upon the patient. The patient is the nucleus of the whole structure. To make our hospital great we must have a fine, intelligent, satisfied, cooperative patient body. We must build from the inside out and not from the outside in.

This paper will be a potent influence in bringing about this ideal condition. May it prosper and grow as the months pass and according to our faith and our works be it unto us.

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PROCLAMATION

We've come off the press in the midst of the holiday season. We feel it quite fitting that the culmination of weeks of work involved should so appropriately fall in the season of celebration. Under other circumstances, the staff might have celebrated the first issue of The CLARION with a festive banquet. And why not? We feel a sense of achievement of work well do

But our pride in presenting this first issue of The CLARION to you is not that of personal achievement. Rather, it is that of having participated in the birth of something necessary, something fine, something that belongs to all of us, the patients. Even the choice of title was ours; and we feel that it was a happy choice.

CLARION: a trumpet with clear shrill tones used in battle; from the Latin clarus, meaning clear; to proclaim with or as if with a clarion. And so we feel that the title fully expresses our purpose: to proclaim with unmistakable clarity our fight against tuberculosis. If the weekly radio broadcast is the G.H.Q. of our forces in this battle, then The CLARION is our rallying point.

This is our paper and this, our fight.

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G R E E T I N G S ! ! !

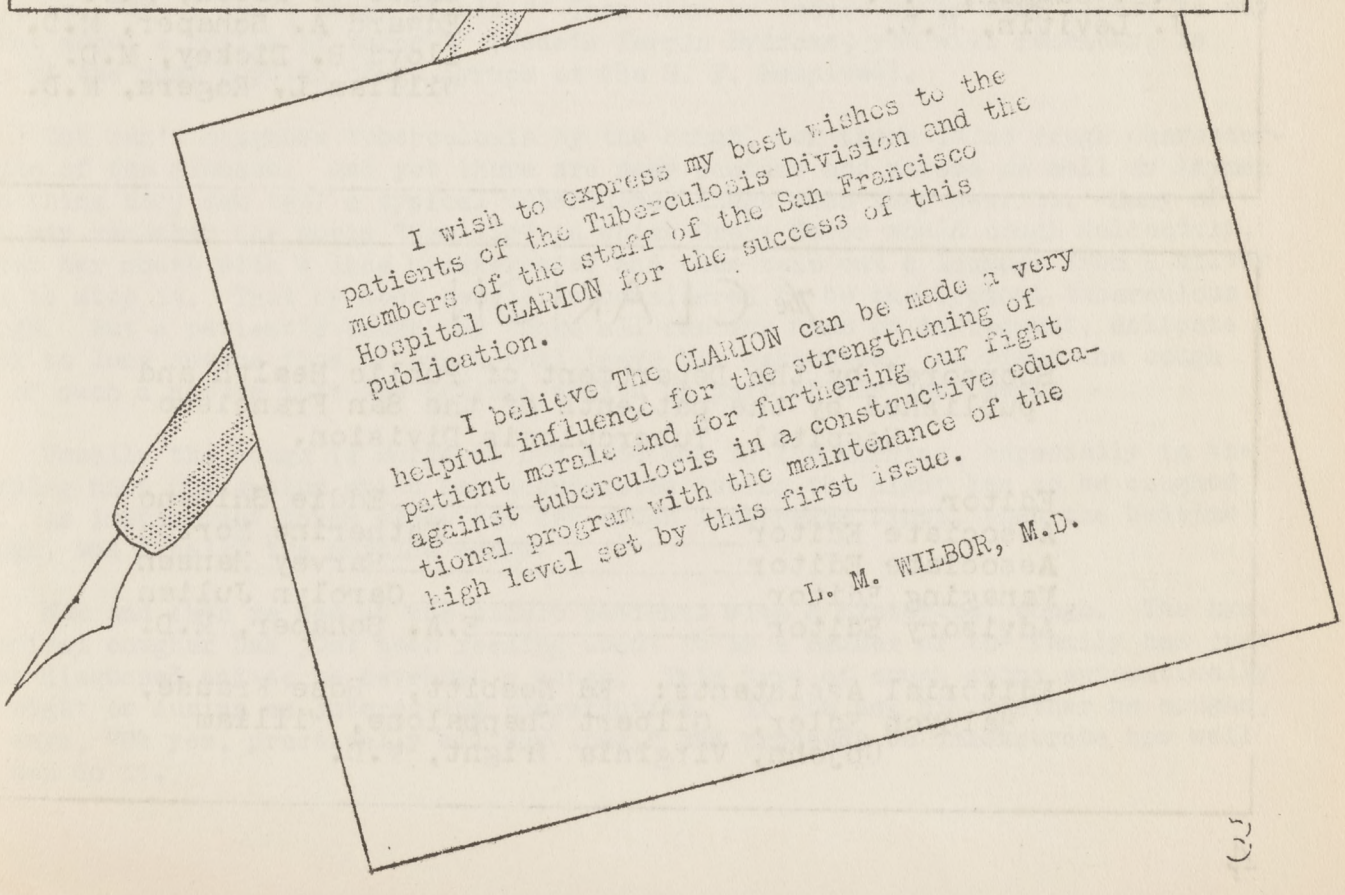
I wish to congratulate the patients of the Tuberculosis Hospital on publishing The CLARION.

Much time and effort on your part have been necessary to produce such a paper. Publications of this kind can be made most important in spreading health information among patients, relatives, and friends. Interested as I am in the welfare of our patients and anxious that everything humanly possible shall be done to restore them to good health, I welcome this journal. It undoubtedly will assist in developing a cooperative spirit between patient and staff.

Hoping to make our hospital the outstanding one of its kind in this country, I feel the addition of The CLARION to the other benefits already established is one more step toward the realization of this goal.

Welcome to The CLARION.

J. C. GEIGER, M.D.



I wish to express my best wishes to the patients of the Tuberculosis Division and the members of the staff of the San Francisco Hospital CLARION for the success of this publication.

I believe The CLARION can be made a very helpful influence for the strengthening of patient morale and for furthering our fight against tuberculosis in a constructive educational program with the maintenance of the high level set by this first issue.

L. M. WILBOR, M.D.

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The CLARION

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SYMPTOMS OF PULMONARY TUBERCULOSIS

By A. M. PISCITELLI, M.D.

There is no single symptom by which we can diagnose pulmonary tuberculosis. There are patients who apparently have none of the symptoms and yet have the disease, and on the other hand there are persons with almost all of the symptoms and no tuberculosis. We should watch this type of person as a "suspect" for a long time until we make sure there is no disease. We must find out what the individual symptoms are, decide which are important, relate each to the other, and try to determine the underlying cause. The way to find this out is by close questioning and observation of the patient.

It will be perhaps easier to divide the symptoms into two groups; first, the local symptoms or those that can be attributed to the chest itself, and second, general symptoms which apply to the body as a whole.

LOCAL SYMPTOMS

1. Cough is the most frequent symptom of all and is the most common mode of onset. Its absence is rare. Frequently patients deny having cough but admit, "Oh yes, I cough a little, you know, like everybody else." In the Chest Clinic we hear this again and again. Occasionally we ask a patient if his cough is better. "Better?" says he, "Why I don't cough at all." Then when he leaves he is very likely to say "What about a bottle of terps?" (Codein Terpin Hydrate, you will remember, is one of the most popular cough syrups at the S. F. Hospital).

You can't diagnose tuberculosis by the cough, for there is no cough characteristic of the disease. And yet there are many doctors and nurses as well as laymen who think they can tell a typical tuberculous cough when they hear it. Many of you may remember the movie "Camille" in which Greta Garbo would cough delicately, cover her mouth with a lace handkerchief and then take out a lozenge from a silver box to stop it. That by most people is considered to be the typical tuberculous cough. But a patient's cough may range all the way from an infrequent, delicate hack to long severe fits of cough that leave him exhausted. At times the cough is of such a nature that the patient vomits up part of his last meal.

Usually the cough is worse at bed time and in the morning, especially in the morning when the sputum which has accumulated during the night has to be coughed up. As improvement takes place the day cough disappears first, then the bedtime cough, and finally the morning cough.

Now and then we see at the clinic patients with a hysterical cough. The hysterical cougher has just been reading about Tb or a member of the family has just been diagnosed and so he develops a cough. This type of cough stops automatically at night or during an interesting conversation. If you ask him whether he coughs, he says, "Oh yes, practically all day long," and proceeds to demonstrate how well he can do it.

2. Sputum is an important symptom and is especially valuable for diagnosis, for if tubercle bacilli are found in the sputum the diagnosis is made. Nearly every patient has some sputum at some stage of the disease. The amount varies considerably, from less than 1 teaspoonful to 1 pint. At times there is so little that in order to get enough for a sputum examination the doctor has to swab out the patient's throat. Then there are patients who from a false sense of delicacy swallow the sputum which as you all know is a harmful thing to do. Children as a rule have no sputum and the few that do, n ot knowing how to raise it properly, swallow it. That's why we have to wash out their stomachs and try to find the tubercle bacilli in the contents.

The sputum varies in appearance from a thin, white, mucoid, egg-white looking substance to the more typical grayish thick sputum containing pus in it. Frequently it is greenish gray, especially in the presence of cavities.

3. Hemorrhage: 60-80% of the patients have one or more hemorrhages. Sometimes a hemorrhage comes after exertion such as playing baseball or lifting heavy objects, but it frequently occurs when the patient is resting. Without any warning the patient has a warm salty taste in his mouth. He spits and sees to his alarm bright red blood. Occasionally he can hear or feel a rumble in his chest and can tell from which side the blood is coming. The total amount may vary from less than a teaspoonful up to a pint or two. Very rarely does anyone have a fatal hemorrhage. The patient is normally very frightened the first time, but he should be reassured and told that a hemorrhage doesn't necessarily mean a spread of the disease, that it simply means the rupture of a blood vessel in the lung. He should be warned that he'll probably continue to spit up blood for the next few days.

Some patients have one hemorrhage and never any more. Some have moderate hemorrhages 3-4 times a year and seem to feel better afterwards. Hemorrhages, sin they seem to have to occur, are a blessing if they come as the onset to the diseas Too often a person ignores cough or other symptoms such as fatigue, or weight loss, but a hemorrhage he rarely ignores. One young man who had just received his diploma at U. C. at the end of the Commencement exercises began to sing with his fellow graduates, "All Hail Blue and Gold." Bright red blood gushed from his mouth. He had been having vague symptoms which he had steadily ignored for 6 months, but this he could not overlook. He came to this hospital and at the end o a year was ready for a job with an importing concern.

4. Shortness of Breath: This is not a very common symptom nor is it very frequent ly severe. However it does occur if the disease is widespread and occasionally with pneumothorax treatment. When there has been much pleurisy with resulting adhesions to the diaphragm there is often shortness of breath because the action of the diaphragm is interfered with.

5. Chest Pain. Some patients have chest pain early in the disease; in fact acute pleurisy with or without effusion (fluid) is one of the modes of onset. Some may never have pain at all. The severity and duration of the attacks of pain vary considerably. It may be simply a mild ache over a shoulderblade, or tenderness above the collar bone, or a feeling of soreness. At times it is sharp and knife-like and confines the patient to his bed.

GENERAL SYMPTOMS

1. Fever is one of the earliest and most important of the general symptoms. It is due to the poisons made by the T.B. Remember that fever is not the cause of the disease but a result of its activity. It is present at some stage of the disease whether the patient is aware of it or not. The type of fever varies greatly: it may simply be a slight afternoon rise of 99 or 100 degrees or it may be a more or less high continuous fever like in pneumonia. The patient may notice a mild chill one hour or so before the fever occurs; then during the period of fever his face becomes flushed, his eyes brighter and he feels warm or hot, fatigued, disinclined to work.

In normal people the temperature may become elevated after exercise or after a hearty meal and disappears after one half hour or so, but in tuberculous people the rise in temperature may last for 2 to 3 hours. Then, too, emotional factors have to be considered. Sometimes the excitement of visitors or of a physical examination may raise the temperature.

Fever is a measure of the activity of the disease. In general the more rapidly the fever subsides the more rapidly the patient gets well. One of the first things to think about in a person with unexplained fever is tuberculosis.

2. Rapid Pulse: In any fever the pulse rate is increased, but in Tb the pulse rate increases out of proportion to the fever. Even when the fever disappears the pulse rate tends to remain high. At times we keep patients in bed for what seems to be an unnecessarily long time because of the rapid pulse. It is often one of the last symptoms to disappear.

3. Night Sweats may be due to the toxins of the tubercle bacillus, but in general we say we don't know the exact cause. Nervousness must play a part for frequently even during a physical examination sweat may pour from the patient's arm pits. The sweats may occur immediately on going to bed, but usually awaken the patient early in the morning when the fever drops. They may be limited to the neck or chest or they may be generalized, and the patient wakes to find his pajamas and bed clothes sopping wet. They can be one of the most distressing features of the disease but the patient may escape them altogether. It is important to mention that sweats in themselves are not harmful for they are simply an elimination of water and some salts. Their only harm lies in that they frighten the patient and disturb his rest.

4. Gastro-Intestinal Symptoms may be the first thing that the patient notices. He may come to the physician simply because of indigestion, gas, and poor appetite. One common complaint is capricious appetite. One day a certain food is craved and the next it is despised. Occasionally there may be heartburn, pain after meals, and belching and yet examination of the digestive tract shows no disease because the underlying cause is in the lungs.

5. Loss of Weight is due to the fever, lack of appetite, and to the effects of the tubercle bacillus itself. The loss of weight may be trivial or it may be steady and rapid, so that a patient may lose 5 to 6 lbs a week for long periods of time. In the popular mind Tb is always associated with emaciation and that is why the disease used to be called consumption because of the thinness and wasting away of the patient. But during these days of earlier diagnosis and treatment I doubt that thinness is the most outstanding feature. Just look about your own wards and notice how very far from thin most of you are.

6. Fatigue can be the most oppressive symptom of all. Unfortunately, in the early stages it is frequently overlooked. The patient feels tired or as he often puts it "lazy" and attributes it to overwork or nervousness. It begins merely as a feeling of unwellness, then it is a clinging tiredness that will not go. He works and he is tired. He stops work and is tired. He rests and is tired. He goes to bed and he wakes up in the morning more tired than ever. We had in the hospital a fine young man whose disease began with fatigue. He was at a seminary preparing for the priesthood at the time and attributed his tiredness to over study. "If I'm tired," he reasoned, and so did his colleagues, "it means that I need more exercise." So he took long walks and grew more tired than ever. So he decided that what he needed to make himself fit was more strenuous exercise and at the advice of his friends he began to chop a tree. Suddenly a hemorrhage. This was lucky for this spectacular symptom alarmed him and he went to a physician and the diagnosis was made.

These then are the symptoms. Some may usher in the ailment and some develop during its course. Some patients have simply one or two such as cough and sputum. Others have them all. In general a person with cough and sputum, a feeling of fatigue in the afternoon, some chest pains, a feverish feeling and poor appetite with history of night sweats should be suspected of having Tb until proved otherwise. Please remember, and I say this especially to the new patients, that you can't determine the extent of the disease nor its course by the number of the symptoms. Remember that the patient with every single symptom in the book is frequently the first one to get well.

(Abbreviations used in this, and subsequent, medical articles are as follows: Tb. for tuberculosis; Tbc. for tuberculous; and T.B. for tubercle bacillus.)

ATTENTION! RIBBERS

A recent dispatch of the United Press from Ann Arbor, Michigan, says that patients at the University Hospital have organized a Michigan chapter of one of the most exclusive societies in the United States: the Mystic Order of the Short Rib.

The membership requirement is stiff and painful. It consists of surgery known as thoracoplasty, involving the removal of ribs for a delicate lung operation to relieve pulmonary tuberculosis.

The Order of the Short Rib was organized two years ago at the Montana State Sanatorium, and has expanded through the United States and Canada. Its aim is the readjustment of patients newly discharged from sanatoria.

-- Nat'l Tb Assn.

Those eligible to membership may join this exclusive organization by sending a fee of twenty-five cents and information as to number of ribs removed to the Keeper of the Royal Bone Yard, who is Joseph Pritz, R.F.D. 1, Deer Lodge, Montana.

The official membership card, good for the rest of the member's life, reads: "This is to certify that the carcass of ..... has been carved, sliced and ripped, up and down, crosswise, and on the bias, by His Ribs, Ye Sanatorium Cut-up, the Great Surgeon. Further while the innards of said carcass were exposed to various and sundry prying eyes, and while the owner thereof was not looking, someone did swipe, snatch or purloin ..... ribs therefrom. Therefore, by virtue of this fact, be it known to one and all, the above named is hereby proclaimed a life member in the Mystic Order of the Short Rib. By the Sacred Floating Rib this is Official, Okey Doke and Hunky Dory."

ESSENTIALS IN THE CURE OF TUBERCULOSIS

A TALK GIVEN TO PATIENTS UPON ADMISSION
TO THE SAN FRANCISCO TUBERCULOSIS HOSPITAL

By E.A. SCHAFER, M.D., Resident Physician

I shall say to you today what I'd wish you to say to me if you were the doctor and I the patient.

You have given up temporarily all you have held most dear in life to come here to go to bed among strangers in order that you may regain your health. Therefore, you should waste no time in starting a system that will get you back home at the earliest possible moment.

Getting well now becomes your chief business in life. Nothing great or small must stand in the way of your recovery. You are dealing with a slow insidious disease. Its effects are not visible to the naked eye. Tuberculosis comes like a thief in the night. It usually takes a long time to develop and requires months and years to overcome.

It is perhaps the most hopeful of the chronic diseases. I'd prefer it to any other for most of the cases diagnosed early should recover if the patient has correct advice and does his part. He must however never forget for one moment that 95% of the cure is up to the patient himself. There is no short cut to recovery. The way is straight and narrow. Much time, patience and sacrifice is required.

In a sanatorium only the foundation for a cure can be laid. The completion of the structure begun here must be done during the years after you leave for no one is considered cured until he has been free from symptoms for five years.

The chief corner stone in the cure of tuberculosis is rest appropriately applied to the individual case and may vary from absolute bed rest to moderate physical exercise. How much and how little, when to begin and when to end this rest, must be determined for each case by his doctor.

Although the treatment of tuberculosis is one of our most highly developed specialties almost anyone feels competent to direct it. Therefore, you will be subjected to all manner of advice from your friends and relatives.

Do not be deceived for it is far more important for you to receive expert advice in regard to how to cure your lungs than it is to be directed by a lawyer in a law court for if you handle your own case in court and lose it, only monetary loss or your personal freedom is involved. You can make more money and in time regain your freedom but he who loses his life loses all.

Fresh air is the second item of importance in the treatment of pulmonary tuberculosis. You must be bathed in it continually. One can never get well in a close, stuffy, improperly ventilated room or in an atmosphere laden with tobacco smoke.

A simple, nourishing, well balanced diet is third in importance. In the treatment of pulmonary tuberculosis feeding is not a serious problem except in those far advanced. Then no matter how carefully the food is selected and prepared the end result is the same.

As long as a patient can eat well and enjoy his food I do not give up hope for his recovery.

The fourth point in my list of essentials I label habits. This means that the patient who is determined to get well must lay aside every habit that may hinder him in making a recovery. These usually include the use of alcohol, tobacco, late hours and worry. Anything done to excess except rest is wrong and retards or prevents a cure.

Alcohol and tobacco if used moderately may do no harm. However, it is so easy to go from moderation to excess that the safest way is to discontinue their use entirely.

All worries must be left at home for it is possible to lie quietly in bed and nullify completely all the effects of rest, fresh air and good food by worry.

Do the job right. Make your first admission here the last one. Do not leave too soon. Stay a few months longer than is necessary rather than too short a time. There is no quick cure for tuberculosis. You must travel the slow, long but sure way to health. You come this way but once. You must not fail the first time. The initial stay averages six months. The second may take years. In your case let there be no post graduate course for the first six months usually determines the success or failure of your attempt to get well.

You must play the game according to the rules. We tell you what these rules are. You obey them or not as you choose. If you obey them you get the reward, a return to health. If you fail to observe them you hurt principally yourself. Therefore, remember to observe the rules of the game. You must not cheat if you expect to win.

Many patients feel that hospital rules are made for those who manage it. Actually these rules are made for your benefit, to help you to get well. No hospital that lacks regulations, system, order and discipline can succeed in curing patients. Therefore, be glad there are rules and regulations laid down for you for a patient left to his own devices will nine times out of ten work against his own interest.

I have one concern only, that each one of you may get well. Therefore, take advantage of every thing that may help attain this end. Learn to relax completely. Put away every worry no matter how small. Most of the things about which we worry never happen anyway. Learn to live just one day at a time. There is for you now only one thing really important, namely, getting well.

Your doctor will outline the procedure you are to follow. Remember that what he says is more important than what he does.

If you are to succeed in getting well your doctor must control everything you do and even what you say and think.

The ideal combination is an experienced, competent, conscientious doctor and a willing intelligent patient for only a wise person can recover from tuberculosis.

We, the hospital and its staff, have our part to do. You, the patient, have yours. Our part is to furnish you with the medical care and the physical equipment necessary to enable you to get well. Your part is to follow our instructions to the letter and cooperate with us 100%. We must work together to the last detail if we are to accomplish the purpose for which the hospital exists.

Do not get your advice as to how to take the cure from the patients about you for each case is a different problem. Ask your doctor. Don't talk about your disease to anyone but the doctor. There is nothing more destructive to patient morale than a continual exchange of information about one another's symptoms and experiences.

Do not fool yourself with the idea that you know your own case, for tuberculosis is a highly specialized disease and even lung specialists do not agree on some points concerning it.

You must keep optimistic for 95% of the early cases recover if they get the right medical advice and follow it. No worrying, fretful, faultfinding patient ever recovers.

About ten percent of all patients destroy themselves in spite of good advice. They know more than the doctor or anyone else. They violate every known rule of health. Many of these sign releases and leave the hospital, returning time after time.

Do not talk yourself to death. Talking is hard work. It is possible for a tuberculous patient to lie in bed and destroy himself by a wrong use of his tongue. Be quiet. Discourage visiting by your friends and relatives or your fellow patients. You must rest to get well and above all things you must not talk more than is really necessary.

Do not make any unnecessary noise, such as rattling of cups or dishes, calling out loudly to other patients or employees. Let an atmosphere of peace, quiet and restfulness prevail in the wards. Cover the mouth when coughing and muffle the cough as much as possible so as to reduce noise.

Never cough out into the air or into the face of any patient or employee. Do not be a sprayer. Protect those about you from unnecessary infection. Restrain your cough as much as possible. Learn to suppress and control it for coughing is severe exercise. Cough only when there is something to raise and then as gently as possible. Hold your head lower than your chest to let gravity help you raise your sputum.

To get the best service from those who take care of you treat them as you would like to be treated if your positions were reversed. Everyone likes to wait upon the smiling, pleasant, considerate, courteous patient. All avoid and dread the faultfinding, surly, demanding type. He is given the minimum the law allows and is avoided by doctors and ward workers alike. Do not hesitate to say please and thank you.

Remember there are 40 or 50 other patients in the ward and sometimes we are short of help so be patient when things do not move quite as fast as you think they should.

Do not try to discipline the practicals, orderlies and nurses. That is not your job and you only make trouble for yourselves when you try it and get the reputation of being a grouch. There is a proper way to do everything. Make your complaints to the right person, the nurse in charge of the ward. If she cannot help, take the

matter up with the doctor. If he cannot satisfy you notify the superintendent of the hospital. Never make the mistake of making your complaints to the other patients or to employees who have no power to help you.

We are inclined to take everything for granted as the air we breathe, the water we drink, the sunshine and rain, the doctor, the nurse and the hospital organization. We become accustomed to these daily essentials and do not appreciate them truly until we lose them. We accept them all in silence. When an unusually good meal is served we say nothing about that but when it fails to come up to our expectations we find fault. It would make things go much more smoothly and would make everybody concerned happier if we would stop to give a compliment once in a while. It is good psychology. Try it now and then and give the orderly, the maid, the nurse or the dietician a pleasant surprise. It will make them happier. It will help you and will tend to create a better hospital atmosphere.

Avoid unnecessary medication. Tuberculosis is a disease in which little medicine is necessary. It is easy to develop the habit of taking codeine, cathartics and other remedies. It is hard to break these habits. It is better to learn to control a cough than to take medicine for it. One should by proper habit formation and diet avoid the necessity for taking cathartics. Never start the medicine habit; then you'll never have to break it for medicine indiscriminately used does more harm than good. Not even a cathartic should be given without a doctor's order for sometimes a tuberculous intestine is ruptured that way.

In conclusion let me recapitulate the main points in this talk.

1. Get a doctor who understands the treatment of tuberculosis and do exactly as he says.
2. Make getting well the most important thing in your life and play the game according to the rules.
3. Remember rest of body, mind and tongue.
4. An abundance of fresh air is necessary.
5. Eat a simple, nourishing well-balanced diet.
6. Put away every wrong habit.
7. Abolish worry absolutely.
8. Don't talk yourself to death. Say only what is really necessary.
9. Take no drugs unless urged to do so by your doctor.
10. Be optimistic for tuberculosis is a curable disease and most people who will can get well.
11. Do not find fault unnecessarily but when you have just complaints, make them to the right person.
12. Now and then when it seems to be justified give a word of praise to fellow patients, hospital employees and maybe even your doctor.

Finally in the words of the Apostle, Paul, "Forgetting those things which are behind and reaching forth unto those things which are before, let us press toward the goal" of a complete cure and a return to normal life once more.

———— ○ ————

"Be not anxious about tomorrow. Do today's duty, fight today's temptations, and do not weaken or distract yourself by looking forward to things which you cannot see, and could not understand if you saw them.

Today -- this little strip of light 'twixt night and night, let me keep bright TODAY! And let no shadow of tomorrow nor sorrow from the dead yesterday gainsay my happiness TODAY! And if tomorrow shall be sad, or never come at all, I've had at least -- TODAY."

ROUND THE WARDS

WARD 32

If, while strolling through Ward 32, one should suddenly stumble over a pink or green elephant, he shouldn't blame it on that extra cocktail, because it would be really a pink or green elephant, and the property of almost any patient on the ward.

It all started with Pasquale, who was the original elephant and the brain child of Nora Sandino. Everyone who saw Pasquale was completely captivated, and a number of the girls decided to attempt to duplicate him. As a result, the ward has been deluged with elephants of all sorts, sizes and colors. The latest addition to the herd is Mr. Alfredo Emanuel Joaquin Armando Rodolpho Rodriguez Smith. He is really quite a fellow, and, if size is any criterion, we predict Mr. Smith will soon become leader of the herd.

Incidentally, we are told that all one needs to become a proud elephant owner is a bit of kapok, a scrap of material, a copy of Nora's pattern, and a little ambition. The last requirement is what stopped us.

○

There is absolutely no truth to the rumor that Marie Byrne and Cary Grant are about to announce their engagement.

○

We have been wondering what strange powers has Phyllis Mogan? About a week after Phyllis' last operation she had a bad case of jitters, even as you and I. When the nurse brought her what the doctor ordered, after his consultation with the patient, it was found to consist of some nerve medicine AND 30 cc. of what the song writer had in mind when he wrote about the little brown jug. Phyllis is seriously considering having the jitters regularly. Could it be those violet eyes that gets 'em?

○

The person who reported seeing Glamor Girl No. 1 dancing at the Stork Club last week was gravely in error. G.G. No. 1 (Tish Dunne to you) has been kept in bed for the past several months by what is sometimes known as a "nervous breakdown," and is in no condition to be dancing anywhere. Miss Dunne is quoted as saying, "It must have been an impersonator."

○

Pandemonium almost broke loose in Rooms 10 and 11 recently when Bernice Kelly looked up suddenly to see a strange man standing in the doorway with a vicious looking saw in one hand, and a knife in the other. He glanced about the room until his eyes settled on Bernice. Then he started walking toward her! Her mind raced furiously. He was a husky fellow, and surely wasn't paying a social call armed with such weapons. Should she call for a nurse, scream, or just wait for Fate to take its course? She was wondering what would become of her son when the man spoke-- "Miss Kuhn?" It was Bill, the cast cutter, who had come to cut Dorothea's cast.

○

Not being satisfied at frightening people with their blue finger [illegible], Louise Hartley and Jane Evans have appeared with blue eyebrows and blue lips. (Their teeth remained white.) Dr. Shenson justly refers to their corner of the solarium as the "chamber of horrors." We understand they had a difficult time procuring the blue nail polish in the first place, and we heartily commend Dessa Severin's sister for

refusing to have anything to do with it.

○

PERSONAL

Will the person who took our favorite cactus plant from the porch on the night of August 25 please give it a good home? We had nursed the little thing back to health from death's door, and it was a favorite child.

--K. M.

W A R D 3 1

We welcome the following new members into our ward for the month: Gussie Cuevas, Dorothy O'Leary, Juanita Meono, Nettie Melinkoff, Margaret Flynn, Lillian Stinger, Lucille Taylor, Mary Hanley, Isabel Ida Murray, and Grace Tevis. We hope their stay here will be as short and as pleasant as possible.

○

Little Margaret Flynn has been named the nightingale of the ward. She has already appeared on the children's program over the radio in a vocal number and we hope to hear her again soon.

○

Olive Sadler gave a shower, by proxy, for her girl friend, Miss Carla Kellogg, who is to be married soon.

○

Several days ago Norma Johnson lost her glasses. She called to her aid everybody in the room, who promptly went into action in a scouring search for the missing glasses. Finally, after all efforts had been exhausted, Helen Price looked up at Norma and said, "What are those things you are wearing?"

--Halcyon Edler

W A R D 2 4

We were sorry to lose the [illegible] smile and vivacious personality of Miss Hartman who is now the Supervisor in Ward 31. We welcome back the genial Mrs. Haggerty, who has just returned from a leave of absence and once again is in charge.

○

Pete, the "Phantom Phisherman" of 24 says, "My lungs are clear now, all the infiltration is gone--only the holes remain."

○

Mr. Alexander Cody recently left our midst. He intends to go in for chicken raising at "Cody's Ranch," his motto being, "Two yolks in every egg." Good luck to you, Cody.

○

Dep Wong, our one-eyed Chinese philosopher, after getting his initial pneumo, said, "Too bad! Before pneumo, all light. Now, pneumo--no can walk. Oh, too bad!"

However, now, you can't keep the little fellow in bed. Every day he makes rounds, visiting all the other Chinese patients in the ward, giving them words of cheer and encouragement.

○

George Bassil and Leon (Skinny) Bradley are on silence so they "Just ain't saying nuttin'."

--Gilbert

23 SKIDOO

In our more exuberant days we used to hack out a column for a sub-metropolitan rag which we felt was destined to become one of the milestones of literature. We used to start off every day with "Idle thoughts while--" Some mornings the Shakespear in us inspired us to "Vagrant thoughts while sliding down the cellar door of life." Once, dazzled by our own brilliance, we said, "Random thoughts while scraping the fuzz off the peach of Life." But what we want to say this morning is that on none of these mornings were these thoughts idle ones. It took the hardest kind of work to scrape up a handful. And since the men in Ward 23 are the most reticent of the breed, we find idle thoughts harder to collect than ever.

○

Speaking of earlier days bring to mind one of the panacea for economic security prescribed during the first years of the Depression (remember?). One school of thought insisted that if everyone had their own plot of land and raised their own vitamins, we could eat our way back to two chickens in every pot. The "back-to-the-farm" revival is making great strides in this ward. The promise of steak dinners every two weeks is luring our up-and-coming citizens into the greatest southward trek since the search for Scarlett O'Hara. What's our loss is Hassler's pain. (Well, Winchell gets paid for worse ones).

○

The Arroyan, the monthly publication of Arroyo Del Valle, wants to know, "If a doctor is doctoring a doctor, does the doctor doing the doctoring have to doctor the doctor the way the doctor being doctored wants to be doctored, or does the doctor doctoring the doctor, doctor the doctor in his own way?"

○

The battle-cry on the south porch is "Don't be scared." (Fearless journalism. For more exclusive scoops, keep tuned to this station.)

○

There was an old patient named Nick
Who, to tell the truth, wasn't so sick
Till the doctor one day
Said, "Say, s'il vous plait,
Dig a well in our yard with a pick."

○

Patients in this ward (and others in the U. C. service) will remember Dr. J.Zelman. He is now at the Bret Harte Sanatorium where the medical superintendent is Dr. E. P. Smart. In the August issue of their publication, Dr. Smart has a travelogue which is considerably enlivened by a typographical error. He writes: "Dinner over--feel tired and sleepy--guess I'll turn in. Nice <u>births</u> on these trains. Good night!" Good night, indeed!

○

A pre-medical student named Paul
From paper would cut out a doll.
From mental perversion
To Freudian inversion
He progressed with no trouble at all.

○

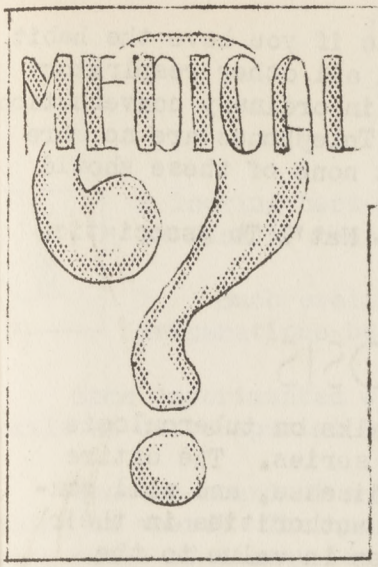
PERSONAL

Will the person who nursed a cactus back to health from death's door give us a little help? Our family of cacti was six until the thunder and lightning storm of last month. The littlest one, too frail and sensitive to face the harsh realities of life, succumbed. We're afraid another of the younger ones is running a temperature.

-- E. S.

In the now historic duel for the harmonica championship of the hospit
the two principals are shown with their favorite weapon in hand. The
challengee, Dr. Schaper (left), was declared winner over Clyde Curtis
challenger, by a slim margin of victory.

MEDICAL INFORMATION, PLEASE



Q. -- Why did my doctor urge me to enter the sanatorium when I could rest just as well at home?

A. -- A home is, and should be centered upon the activities of well people--the sanatorium is directed for the benefit of sick people. The strict routine is planned to give the patient an opportunity to heal the damage caused by the tubercle bacillus and to teach him a new way of living. He is under the constant supervision of nurses and doctors who are specially trained in the field of tuberculosis and who will constantly check the progress made and if necessary institute other procedures, if rest alone proves ineffectual. You went to your doctor for the advice you felt he was equipped to give you--you can do no better than to follow it.

Q. -- What is meant by the term "apparently arrested"?

A. -- Apparently arrested applied to tuberculosis means that constitutional symptoms are absent. The sputum, by the concentration method, has proved consistently negative. Lesions must be stationary and apparently healed according to X-Ray examination; no evidence of pulmonary cavity. These conditions shall have existed for a period of three months, during the last two of which the patient has been taking at least one hour's walking exercise daily, or its equivalent.

Q. -- I am 21 years old and have just come to the sanatorium. My doctor says I have an early case of tuberculosis. How soon after I leave the sanatorium do you think I could go back to work?

A. -- The answer will depend upon your physical condition, the type of work and the conditions under which you live. Talk to your doctor about the opportunity to get more training for your job while you are "curing" so you will be better equipped for it when you leave than when you entered the sanatorium.

Q. -- Is there such a thing as being immune to tuberculosis?

A. -- There is really no true immunity. If sufficient numbers of tubercle bacilli enter a man's body he develops the disease. There is a partial immunity. This is shown by the manner in which certain races withstand the disease better than others.

Q. -- What is the difference between tuberculosis infection and tuberculosis?

A. -- When the tubercle bacilli enter the body they produce a hypersensitiveness to their products--tuberculin. As long as the germs remain localized and do not produce advancing disease, the condition may be spoken of as infection. This is detectable by means of the tuberculin test.

Tuberculosis is a disease which is manifested by symptoms at some time or by definite evidence of abnormal changes. Strictly speaking, both conditions are abnormal and may be called disease, but in infection the area is very small and the patient is not ill. Infection may go on to disease.

Q. -- If one feels better on cool days, would it be better to live in a cool climate?

A. -- Usually the normal individual has more energy and feels better on cool days than on the warmer days. However, this does not mean that a change of climate is necessary, as long as the general health is good.

Q. -- Is it dangerous to use the telephone in a house where there is a case of tuberculosis?

A. -- It is dangerous to use any telephone with other people if you have the habit of touching your lips to the mouthpiece. Tuberculosis and all other respiratory diseases are spread by mouth spray, which is not abundant in ordinary conversation, but increased in coughing, laughing or vehement talking. Telephones are no more dangerous than the pencils and pens in the postoffice, but none of these should be touched to the lips.

-- Nat'l Tb Association

TALKS ON TUBERCULOSIS

The following list gives the titles of all the short talks on tuberculosis given over radio station KSFH since the introduction of the series. The entire series comprise 53 such talks, treating every phase of the disease, and will conclude in August of 1940. The speakers are all acknowledged authorities in their field and the information offered in this series is priceless in value to the patient.

DATE(1939)	SUBJECT	SPEAKER
Aug. 4	Introduction to Talks	E. A. Schaper, M.D.
Aug. 11	History of Tuberculosis	George B. Miller, M.D.
Aug. 18	The Cause of Tuberculosis	L.V. Ackerman, M.D.
Aug. 25	Sources of Infection - Portals of Entry	George H. Becker, M.D.
Sept. 1	Allergy and Immunology	B. L. Freedlander, M.D.
Sept. 8	Age Groups in Tuberculosis	Walter Beckh, M.D.
Sept. 15	Tuberculosis in Children	Samuel Hurwitz, M.D.
Sept. 22	Senile Tuberculosis	G. Milani, M.D.
Sept. 29	Classification of Tuberculosis	S. J. Shipman, M.D.
Oct. 6	Bovine and Avian Tuberculosis	Morton Gibbons, Jr., M.D.
Oct. 13	Symptoms of Pulmonary Tuberculosis	Martin J. Seid, M.D.
Oct. 20	Diagnosis of Pulmonary Tuberculosis	Angelina Piscitelli, M.D.
Oct. 27	The Laboratory in the Diagnosis of Pulmonary Tuberculosis	Sadie D. Patek, M.D.
Nov. 3	The X-Ray in the Diagnosis of Pulmonary Tuberculosis	L. Henry Garland, M.D.
Nov. 10	The Christmas Seal	Mr. Frank McFee
Nov. 17	Treatment of Pulmonary Tuberculosis -- Rest	Phillip H. Pierson, M.D.
Nov. 24	Treatment of Pulmonary Tuberculosis -- Climate and Fresh Air	E. S. Schulze, M.D.
Dec. 1	Treatment of Pulmonary Tuberculosis -- Diet and Vitamins	Miss Gladys Hansen
Dec. 8	Treatment of Pulmonary Tuberculosis -- Nursing	Miss Ruth Gustafsen
Dec. 15	Treatment of Pulmonary Tuberculosis -- Heliotherapy	Kasum iKasuga, M.D.
Dec. 22	Treatment of Pulmonary Tuberculosis -- Tuberculin	Dr. F. M. Pottinger

STATION K S F H FRIDAYS AT 1:30 P.M.

GOING TO THE FAIR

With Ward 19

n looking back on that enjoyable trip to the Fair, it seems to the observer in Ward 19 that anticipation almost topped realization.

Such excitement when the lucky ones were selected for the trip! Then preparations began--with every girl wanting to look her beauteous best.

Some experimented with more curls and a new "hair-do". And every girl gave her nails an extra special manicure.

Whoever heard of a woman going anywhere without that old plaint: "I haven't a thing to wear!" The question of clothes required many hurried conferences. There were wails of dismay from some who had come into the sanatorium slim 34's and found that the suit that looked so smart, now bulged when fitted over the extra ten or twenty pounds gained since coming here.

Oh, yes--there were problems, but a little friendly exchanging of garments took care of the clothes question.

On the great day those who were not going to the Fair were engaged as ladies' maids. Such a combing of curls, readjusting slips and--let's whisper this--it took three giggling maids to cram one girl into her girdle!

It almost looked as if another would be left behind, permanently trapped in a slip too small to squeeze into. Still another fair one slapped on quantities of white make-up over a lovely sun-tanned face--failing in her excitement to note the ghost-like effect she was achieving. But, glamour is glamour, and girls are girls--so, being feminine, "appearance conscious" questions filled the air: "Do I look good in this hat? Does my slip show? Are these curls too tight? Do I look awful fat in this dress?" Vain creatures!! They all wanted to hear the nice things onlookers were thinking--but were they all so gracious to each other? No, they weren't. 'Tis said that all comments were not purely complimentary. A few verbal brickbats flew, but such can be attributed to nerves and excitement. No one took offence.

The ride in the big Greyhound bus was something in itself. In no time it seemed, they were on the Bay Bridge looking back at the hills of San Francisco, and forward to Treasure Island. Shrieks and exclamations of delight went up when the white walls and towers of the Fair came in view. It was a real thrill! This vision that looked like something out of the Arabian Nights set in the shimmering blue of the Bay.

The bus rolled up to the parking lot and there waited for parties from other sanatoriums. It wasn't a tedious wait because the band played and time passed quickly. Other groups soon arrived. When all were assembled and safely seated on the waiting Elephant Trains, the tour started.

It was a grand trip down winding roads with trees and flowers and something to marvel at on every side. There was a stop to see the fountains in the beautiful Court of the Moon while the man behind the "mike" told something of the buildings on every side. No one listened much for there were too many things to see. Then off again--past the Homes and Gardens buildings and International Hall. Everyone was dying to stop and peek inside at exhibits, but no--the Elephant Trains travelled

blithely along through flower bordered paths, turning corners and bringing new sights to view. The lagoon with swans and boats, and the huge Federal Building in the background very colorful with enormous murals that looked better at a distance than close up.

Presently there was a stop for milk, then off again -- more flowers and buildings and tantalizing sights that were just glimpsed in passing.

The next stop for scones and coffee gave another chance to look around but no opportunity to wander. It was a temptation but rules are rules, so everyone contented themselves with mere looking at the outside of things.

By the time the Elephant trains had wound around a few more roads, the sun was gone and lights began to glow -- the loveliest colors -- rose, violet, blue, green and orange. The effect was marvelous, so softly beautiful, no glare, just like a bit of something from a dream of Fairyland. There was another stop to rest and look back towards the Tower of the Sun. Then off to the Port of the Trade Winds where a passenger Clipper as big as a house was anchored. Too bad it didn't sail off, just to convince onlookers that it really could fly. It looked too ponderous to imagine in the air.

Back to the starting point, and there the buses were waiting. Then on to San Francisco Hospital. It was a grand trip -- everyone had enjoyed every minute -- and the only regrets are because the Fair will close so soon.

But was everyone tired? Say, bed looked like heaven.

Next day one of the girls who stayed home said in answer to a query about one of the girls who went: "Her? Heavens, she lays there like a log!"

———— O ————

sextains

RAIN LYRICS

Night and rain, I tie your lithesome bodies
Loosely into a knot of silver and blue
And place it on my beauty-loving heart.
I listen to the dripping lyrics fall
From lucid lutes against my window pane
And I am gay with music spilt from clouds.

CYCLAMEN

Birds you were, too small and frail
To wing the heavens.
Angels placed a rooted couch
Beneath your flowers,
Pinned your fluttering wings to stems
In dancing posture.

-- Rose Kraus

the climber

The mountain that was God
Looked o'er the valley that was death,
And I the futile climber
Found myself slipping back two steps
for one.
Then finding all my efforts
To be more than I could equal,
I turned and sought the valley's
lowest level.
There in the valleys deepest,
As the shadow of the mountain closed
Around me --
I looked up -- and for the first time --
Saw the Summit.

-- Norma Johnson

BOOK NOOK

EDUCATION THROUGH READING

By LOUISE HARTLEY

A college degree is not necessarily proof of an educated man nor does having a good education mean that a man has been to college. In other words, if you are really interested in learning as much as you can (about one thing or about many), then, by all means read. Read with your mind open and your brain working. Be quick to grasp truths and be quicker to ignore obvious fallacies.

Back in the medieval ages when general knowledge was scarce, what learning there was was passed on most often in monasteries. Often the monks tutored rich children. In this age of ours, we are lucky in that we all have access to good reading material.

With the invention of the printing press, books were first made available to everyone. Now there are books of every-day life, travel books, technical books; any kind of book you wish. Today it is possible to master a theoretical knowledge of most subjects without any other help.

I think that a man with a good education is one who knows all there is to know about one thing and a little about a great many (any man who can answer all of the questions of his small son is indeed wise). Such knowledge comes from years of observant living, illuminating experiences and comprehensive reading.

Some people like the idea of "chain-learning" with its slogan, "One thing leads to another." By this I mean that when a man becomes interested in a subject and tries to learn as much as possible about it, he is likely to begin a chain of fact gathering.

It has been pointed out that "chain-learning" is unfruitful. It needn't be. If you can cover your subject as well as you can even if you haven't learned all there is to know, still you've learned something. You all know of John Kieran, sage of "Information, please." He is an excellent example of what "chain-learning" can do.

Another phase of "chain-learning" is reading many books by the same author in

THE GOOD SHIP ADVENTURE

There's a wonderful land where I go by myself
Without stirring from my chair;
I just take a book from the library shelf,
Turn its pages, and, presto! I'm there
In that wonderful country of yesterday,
Where "Tomorrow" is always the "Now",
Where the good ship Adventure is spreading
her sails
While the sea-foam breaks white at her prow.

Anonymous.

order to know the style and range of his works. Some one pointed out that this is "as dull as dinner talk." I disagree. I think that it can be fascinating. It's especially nice to find that your favorite author also writes sparkling poetry.

You who want to learn should not shun fiction for in such books lie the everyday occurrences which form the culture of a country or an era. And I don't mean Mysteries or Westerns. I mean good fiction.

You who like to read fiction which is fast moving and packed with action should not scorn articles in magazines, nor non-fiction books for they can be far more fascinating than the saga of the notch-collecting cowboy. Take a chance. You'll find that they offer infinite opportunities for education, reflection, and imagination.

You who have traveled widely and studied much should not look down on the so-called uneducated man. He may have had many more interesting experiences than you. He may have built up, from them, a philosophy which is rich and fruitful. Perhaps he knows more about tolerance--a most important virtue.

Many people advocate setting aside fifteen minutes a day for reading. In this way they read books for which they might not find time nor interest otherwise. Travel books, good fiction, poetry, the classics; they should all be covered in order to give a well-rounded point of view.

While we are here, we have the time to read and study. It is such a wonderful opportunity to catch up with the things we've always wanted to read. The time we spend here, aside from the benefit of restoring our health, can easily be turned into a very definite asset. We have a surprisingly good library although we should have many more books.

We can enlarge our own little world infinitely, if we keep our ears, eyes, and mind open; if we occupy our time here in acquiring a better background for our lives in the future. Books are the Open Sesame to higher learning; take advantage of their magic.

COMMUNICATION:

Speaking of books, we need many more. If everyone here would give at least one book to our library, think what that would do to increase the enjoyment of reading. Almost everyone has books at home which he will probably never read again, even though they be worthwhile.

There is a great lack of really good books. The ever popular mystery stories are also scarce. However, the biggest lack is of non-fiction since most of our books have been donated by circulating libraries.

Since reading is our main diversion, and since it is so important in the life of a patient, we hope everyone here will contribute at least one book.

Louise Hartley

A collection of French classical romances in English translation has been received by our library. Titles and authors are listed here and any volume is available on request:

TITLE	AUTHOR
The King of the Mountains	Edmond About
Memoirs of Two Young Brides	Balzac
Samuel Broke & Company	Cherbiuliez
The Nabob	Daudet
The Brigadier Frederick	E.-Chatrian
Madame Bovary	Flaubert
The Romance of a Poor Young Man	Feuillet
Captain Fracasse	Gautier
Renee Mauperin	Goncourt
Abbe Constantin	Halevy
Pierre and Jean	Maupassant
Colomba and [illegible]	Merimee
Mauprat	George Sand
Mlle. De La Seigliere	Sandeau
The Chartreuse of Parma	Stendahl
Notre Dame de Paris	Victor Hugo

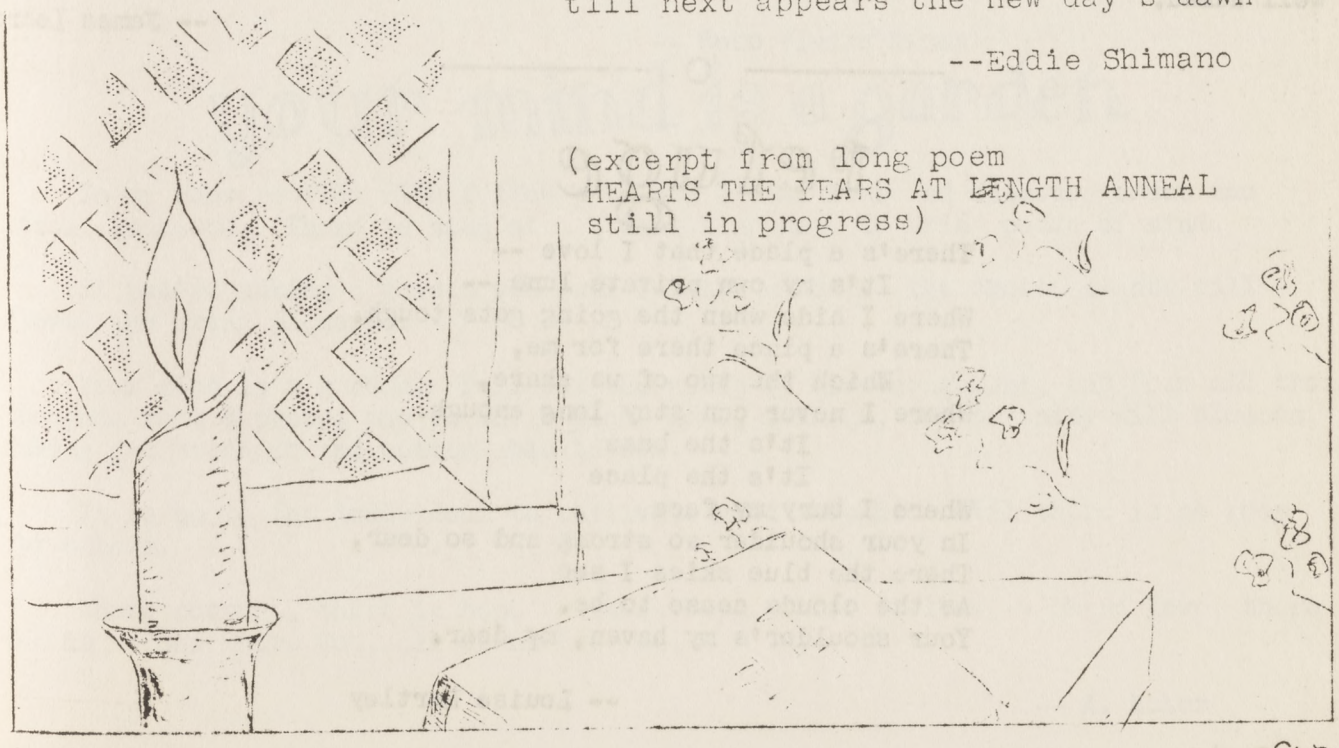
fragments: I

The murmuring of the others in the next room
is stilled. Silence creeps
into the house and time growing feeble
becomes emasculated. Like smoke
from the autumnal burning of pungent leaves
my thoughts rise slowly into the light of my candle
which grows large and fills the room.
There are flowered patterns on the wall
and I look at them and smile.....
    You stir beside me.
    I still my thoughts.
    Your head lies lightly on my arm
    and your breath is warm on my cheek.
Sweet and satisfying is the knowledge that you are here
beside me. Let the tiresome endless turning
of this world go on with its soft slow beat.
I live deeper
than the ideology of this confused sandshifting earth.....
    Your lips part and as I hold you close
    the candle gutters out and with it swiftly
    vanishes the boundaries of the walls of my shell,
    the ego.....no more
    the imprisoning walls of my room.....
The world becomes nothingness
and we are
beyond all horizons.

thus is the reed enjoined at dusk
by sun, by wind, by day's last husk
of life; the shroud is there, the
                kernel gone
till next appears the new day's dawn

--Eddie Shimano

(excerpt from long poem
HEARTS THE YEARS AT LENGTH ANNEAL
still in progress)



the ritual

Here we were, Pa and I, seated in front of a ceremonial fire in an Indian village. Around us the entire village waited, eagerly anticipating the approaching ritual. Directly opposite us, chanting a wild, excited exhortation, was the all-powerful medicine man dressed in full regalia--the most dreadful and awe-inspiring creature I had ever seen.

Boy, was I scared! You see, I was the reason for this ceremony. I had fallen on a nail the week before, and although I thought I had taken good care of the wound, it had not healed. Now it was festering and Pa was downright worried. But one of Pa's Indian friends had assured him of a real cure--so here we were.

The chanting grew louder and more frenzied. Suddenly, a bronzed warrior charged into the circle of light cast by the fire. He paused, and the chorus fell silent. With a dramatic gesture, he raised a long pointed stick into the air. Then, muttering a low incantation, he danced slowly around the fire. He stopped, than stooping towards the flames as if offering a gift, he thrust the stick point first into the fire. The Indians burst forth again in a crescendo of frenzy.

Now the medicine man approached, shrilling his weird chant. He bared my leg, exposing the festerous sore, then swung towards the fire and grasped the now blazing stick. Pa bade me be quiet and lie still. I wanted to scream but couldn't--I felt my heart in my mouth choking me.

The encircling Indians rose and surged forward. The painted shaman held the flaming brand so closely to me that my leg prickled with the heat. I flung my hand over my eyes. Then, I felt it! That burning brand seemed to seat a flaming path from my leg to my brain. The Indians gave one long exulting yell. Then, it was over. And I, well, I promptly fainted.

Even now, whenever I see that scar on my leg, I remember that ceremony. The Indians had called it Nepa-noy-tenao, Destroy the Evil to obtain the Good. It was well named.

-- James Leare

---

refuge

There's a place that I love --
It's my own private lane --
Where I hide when the going gets tough.
There's a place there for me,
Which the two of us share,
Where I never can stay long enough.
It's the base
It's the place
Where I bury my face
In your shoulder so strong and so dear,
There the blue skies I see
As the clouds cease to be.
Your shoulder's my haven, my dear.

-- Louise Hartley

winter

There is something about the discreet
Appeal of Winter's beauty that draws
The eye. She has been robbed and disrobed,
Uprooted, pulled as a common weed;
Passing winds have shouted in her ears;
Early rains have muddied her doorway;
At last she sinks to the earth undone
To sleep on patterns for Spring's return.

I love the close cut lines of the earth,
The penitent attitude of leafless trees
That impale the blue above with twigs.
Earth's depletion reveals acutely
The constant ebb and flow of all life.
Man in his leisure moments depicts
His joys and grief from this lean, dark scene.
The mind enhances her austerity
Into a vivid-hued catharthis.
Night pens this impassioned silhouette
For the esoteric eye and heart.

Overhead diffused grey clouds disperse
As poignant notes of gregarious birds
Impart their journey to distant lands.
I stand below and view their last flight;
A west wind unfurls my hair and dress;
I fain would conjoin my song with theirs.
Instead, I voice this quiescent state,
This final testament that exalts man:
"If death is but a real awakening,
My heart, you too must die again and again."

-- Rose Vivian Kraus

your mind is a garden

In my conversation with fellow patients I find fear and discouragement too often expressed. There is need of a stimulating hope to bring peace of mind.

If you're making a garden you pull out the weeds so the choice plants will flower and bring pleasure.

Your mind is a garden. Pull out the weeds of discouragement, and fear all those thoughts that depress, and in their place hope, courage, and serenity will blossom, making you stronger and better able to win.

It is up to the individual to cultivate good thoughts until there is no room for others.

Where courage, there is hope -- where hope, there is love -- where love, there God is -- and where God, all needs are met.

-- A. Neher

WANTED: MATERIAL FOR *The* CLARION

We note with regret that some of the wards are not represented in this, our first, issue of The CLARION. Particularly in the "Round the Wards" department had we hoped for complete representation of the patients, but copy has materialized very slowly, and in some instances not at all.

It is characteristic of human nature to suspect what is new and untried. The CLARION, being an innovation, will doubtless be accepted by many with reservations, and even skepticism. It is up to the patients, for whom it is being created, to overcome any prejudices that may exist by proving that we are capable of producing something worthwhile.

We don't expect every issue of The CLARION to be filled with literary masterpieces. We do want to be able to publish the best of what we, as a group, have to offer. In order to accomplish this, our source of material must be wide and varied.

In a group as diversified as ours there is no reason why this condition should not exist. We are composed of many types and classes; therefore we are not class-conscious. We comprise many races, so we are not race-conscious. With such a background our outlook should be broad, and our material inexhaustible. Surely everyone of us has, at some time, an idea begging to be expressed, or an experience that would be of interest or benefit to others.

As Dr. Schaper has said elsewhere, The CLARION is to be not only for the patients but by the patients. If it is to be a success it must be written not by a mere handful of enthusiasts, but by every patient in the Tuberculosis Division who has ever had a constructive thought.

-- K. M.

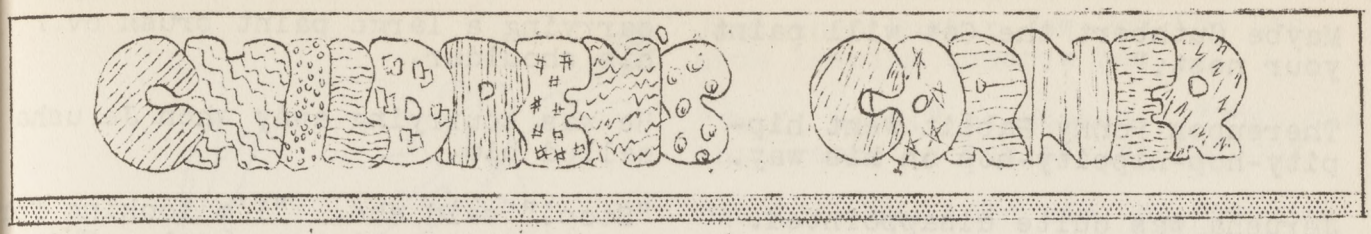
(Copy for The CLARION may be addressed to any member of the editorial staff)

Hours of work and preparation of both copy and layout have gone into this first issue of The CLARION.

We, the assisting editorial staff, want all readers to know that the fine lettering and layout is due to the thought and skill of our hard working editor, Eddie Shimano.

His vision, backed by actual magazine experience, has resulted in a paper of which we are justly proud.

-- C. J.
Managing editor



JERUSHA DUCK'S NEST

By CAROLYN JULIAN

Once upon a time there was a beautiful lady duck.

Her name was Jerusha.

She lived on the edge of a marsh where the water was dark and it was very damp.

Her nest just wouldn't stay clean, and the water seeped in.

This worried Jerusha because she was a good housekeeper.

Besides, she had laid six lovely eggs and hoped to have a family some day.

She scolded her husband, Danny Drake, and told him that their's was the dirtiest nest in the marsh, and no place to bring up children, so please would he paint the nest blue with purple trimmings.

Danny was a wild duck, and like all wild ducks, he liked to paddle in the sun and catch polliwogs.

He had no time to fool around painting nests, besides he might ruin his fine green neck ruff.

Jerusha got quite out of patience with him and his wild ways.

So one day in the spring she put on her best red shawl with her blue bonnet, took her bag under her wing and waddled off to the woods to look for a painter.

Presently she met Ronny Rabbit going hippity-hop-hippity-hop. He carried a basket of Easter eggs in each front paw and looked very important.

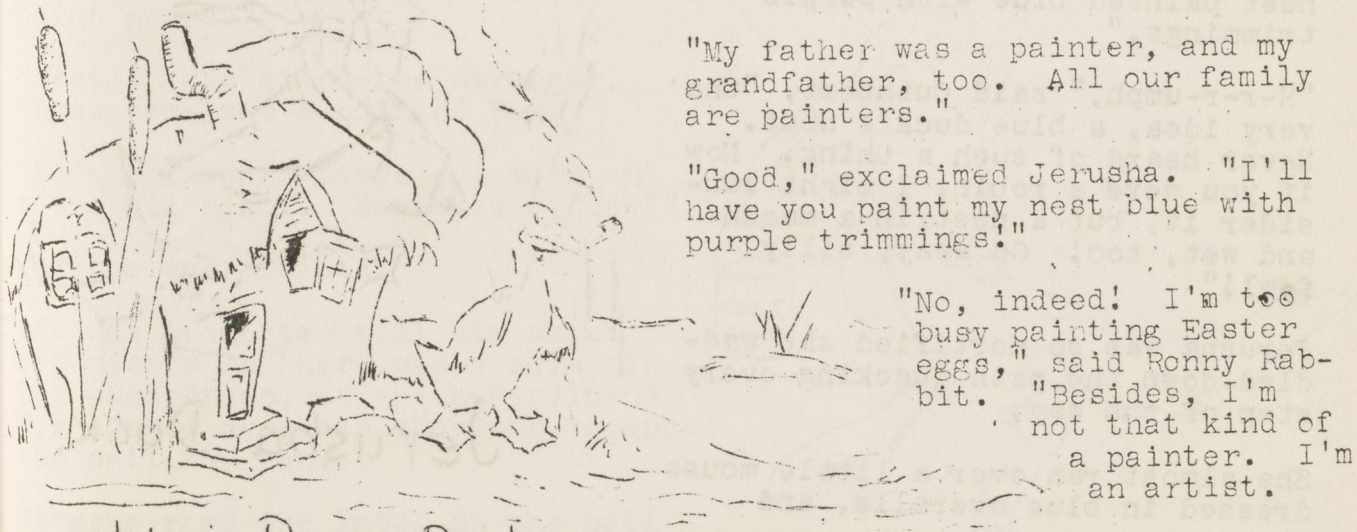
"Good morning, are you a painter?" asked Jerusha politely.

"Yes, madam, I am," said Ronny, twitching his ears and wriggling his nose.

"My father was a painter, and my grandfather, too. All our family are painters."

"Good," exclaimed Jerusha. "I'll have you paint my nest blue with purple trimmings!"

"No, indeed! I'm too busy painting Easter eggs," said Ronny Rabbit. "Besides, I'm not that kind of a painter. I'm an artist.



This is Danny Drake

Maybe Cuthbert the Cat will paint your nest."

Thereupon Ronny Rabbit went hippity-hop-hippity-hop on his way.

Jerusha was quite disappointed.

She waddled on, looking from side to side, and around a large gooseberry bush she came upon an elegant black cat with a green and violet neck-tie.

He had a palette in one paw and a paint brush in the other.

He was watching a robin red-breast in the top of the bush and didn't notice Jerusha.

He jumped when she spoke to him.

She was ever so polite -- 'scrutiatingly so.

"Excuse me, sir, but if you're Cuthbert the Cat, you're the gent I'm looking for."

Cuthbert the Cat frowned with his ears, and switched his tail.

He didn't like large birds, like ducks.

"And may I ask," said he, freezingly grand, "why you wanted to see me?"

"Why," said Jerusha, "I want my nest painted blue with purple trimmings."

"H-r-r-umph," said Cuthbert, "the very idea, a blue duck's nest. Never heard of such a thing. Now if you were a robin, I might consider it, but a nest in a marsh and wet, too! Go away, silly fowl!"

Jerusha was so mortified she waddled down the path quacking every step of the way.

She almost ran over a little mouse dressed in blue overalls, and carrying a large paint brush over his shoulder.

He was scurrying away when Jerusha called him.

"Stop!" said she. "I'm looking for a painter to paint my nest. Who are you?"

"I'm Tommy Tittlemouse. I'm not a painter. I'm just a helper."

"That's all right," said Jerusha, "You can help me."

"No, no," squeaked Tommy, "find someone else to do your painting. I'm on my way to help paint the old cat red. We found her asleep in the barn, and if we can paint her bright red before she wakes, never again can she sneak up without our seeing her."

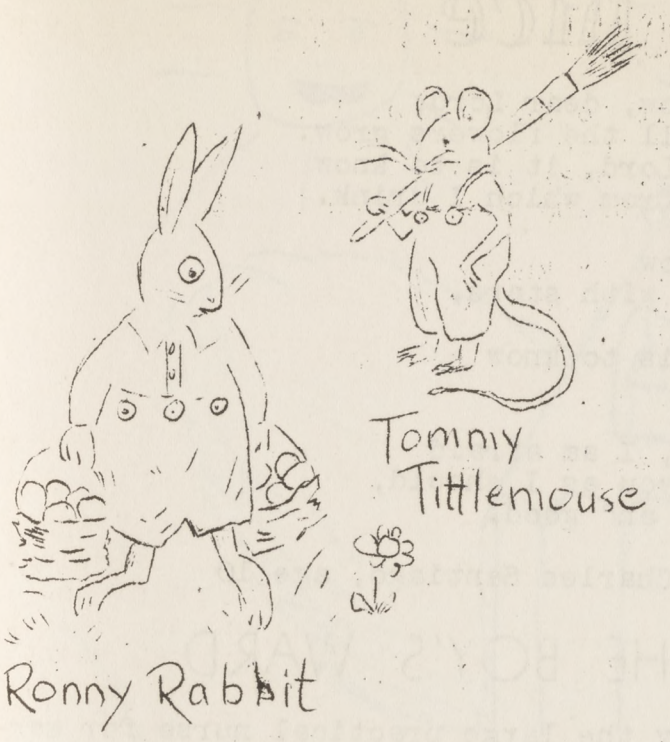
And he scurried off.

Jerusha didn't know what to do.

Everyone seemed so busy, or so unpleasant.

While she stood wondering which way to go, a foxy gentleman with a large reddish tail came out of the brush.

Jerusha Duck



He bowed to Jerusha and said politely, "Madam, can I be of any assistance?"

Jerusha didn't like the looks of his long pointed nose and gingey whiskers.

Moreover, her grandmother had warned her never to talk to foxy looking strangers, most especially NEVER if they had long bushy tails.

But this one carried a pail.

Jerusha thought it might be paint.

She inquired timidly, "Do you ever paint nests?"

"Nests!" exclaimed the stranger, whose name was Ferdinand Fox.

"Madam, I adore nests. I work on nests all night. Have you a nest?"

Jerusha was pleased.

She was about to tell him about her nest when there was a noise in the underbrush, at which Ferdinand Fox looked over his shoulder, dropped the pail and ran.

Jerusha read the label on the pail.

It said, "SOFT SOAP."

Just then Buster Wow Wow the Dog came leaping towards her.

"Woof, woof!" he barked. "What was that rascally fox saying to you?"

When Jerusha told him, he growled, "I'd like to catch that red-tailed thief. It was lucky for you I happened along. Ferdinand Fox might have snapped your head off!"

Jerusha felt so bad she shed tears all over her best red shawl.

"Don't cry," said Buster, who was kind hearted.

"I'll come down tomorrow with some clean straw and blue paint and your nest will be the most bee-you-tiful nest in all the marsh."

So Jerusha went home happy,
and now Danny Drake, the wild
duck, has to wipe his feet
carefully
before he comes
into his nest.

THE END

and Ferdinand Fox.

how nice

How nice it is to know, dear Lord,
That you made all the flowers grow.
How nice, dear Lord, it is to know
You made the spring from which I drink.

How nice it is to know
You filled the night with stars,
And always will.
Oh, but how nice it is to know
That you made me.

Sometimes, dear Lord, I am afraid
I do not thank you as I should,
You are so wise and good.

--Charles Santiago, age 10

OVERHEARD IN THE BOY'S WARD

George, age 3, being scolded by the large practical nurse for making too much noise, replied under his breath, "Who's afraid of the big bad wolf?"

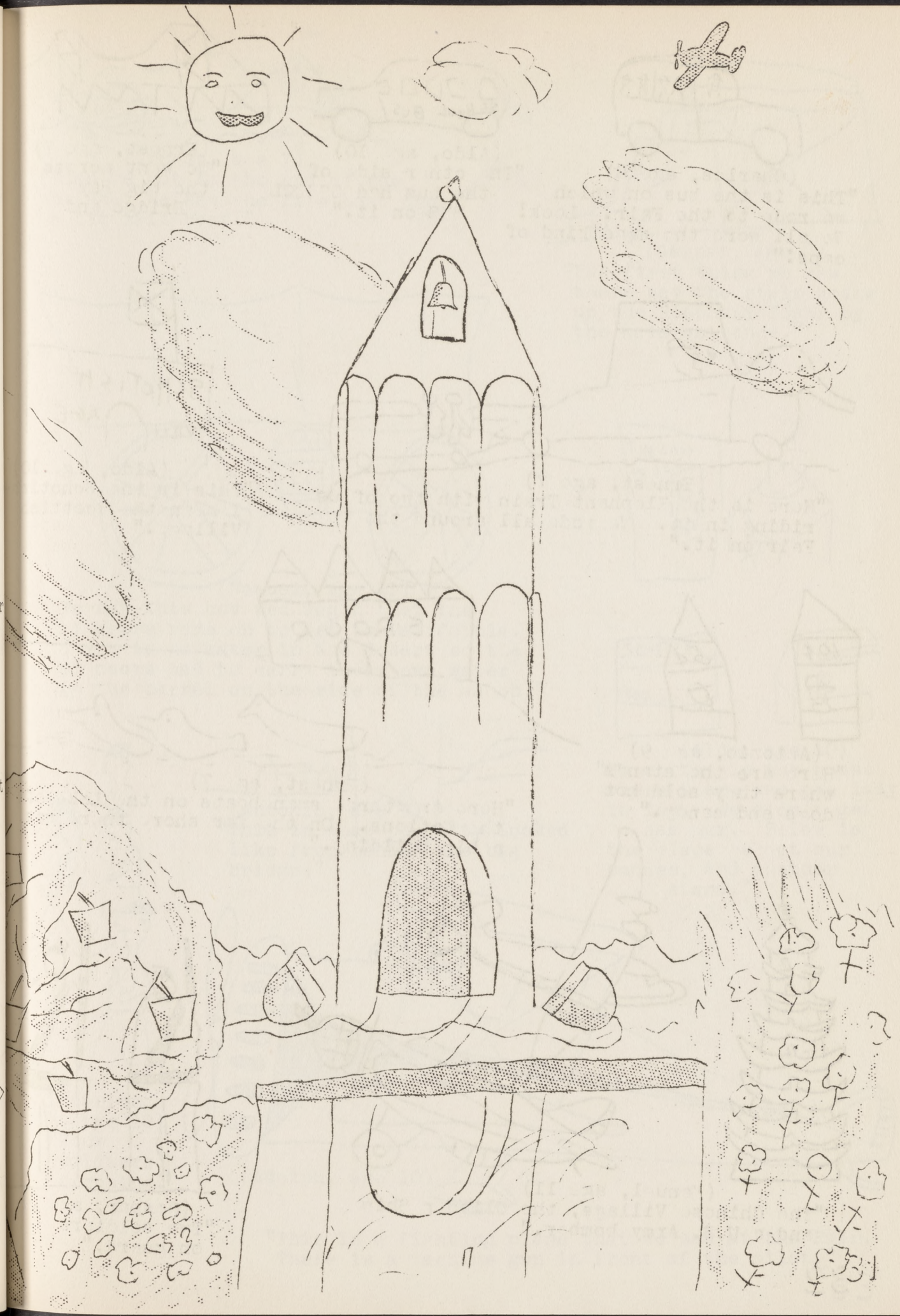
Miss R., "I wonder what's the matter with this bath tub? The water won't run out."
William, age 4, "Maybe it is tired."

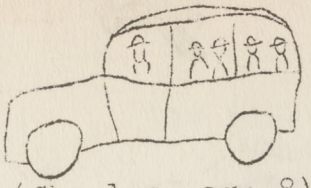
Mrs. H., giving candy to the children and expecting a thank you, asked, "And what do you say?"
Eddie, "Give me another one."

Irving, age 7, said to doctor preparing to take a blood test, "I don't feel like having it done today. I feel like it sometimes, but not today."

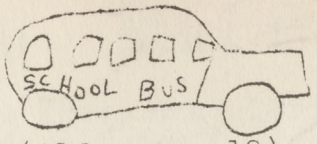
Miss L., "What are you going to be when you grow up?"
George, age 3, "A man."
Miss L., "Then what?"
George, "A fodder (father)."

Here is the Tower of the Sun on Treasure Island as drawn by Albert Abilez, age 12. Notice the two floodlights that light up the Tower at night, one on each side. Up in the steeple, one of the bells may be seen. Around the tower are flower beds and at the left hand bottom corner is a tree with lamp shades on it. Above the clouds is an aeroplane on one side of the Tower and the sun on the other side smiling down on every one. On the next two pages, you will find a picture story of everything that the boys saw at the Fair on their trip there last month.

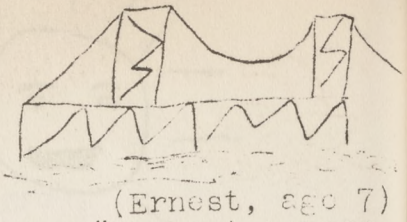




(Charles, age 8)
"This is the bus on which we rode to the Fair. Look! We all wore the same kind of caps!"

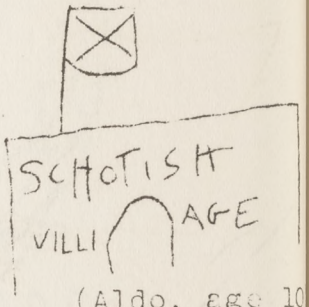


(Aldo, age 10)
"The other side of the bus had SCHOOL BUS on it."

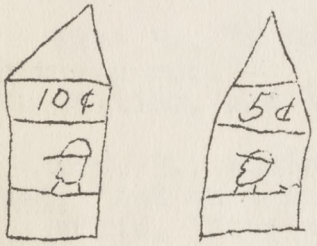


(Ernest, age 7)
"We went across the big Bay Bridge and

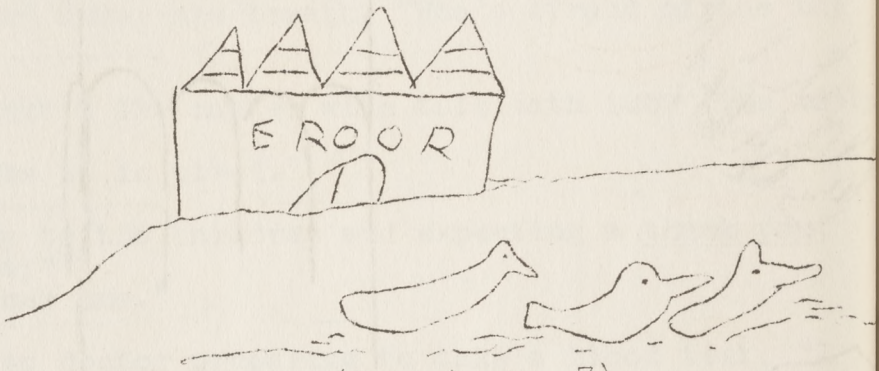
(Ernest, age 7)
"Here is the Elephant Train with two of us riding in it. We rode all around the Fair on it."



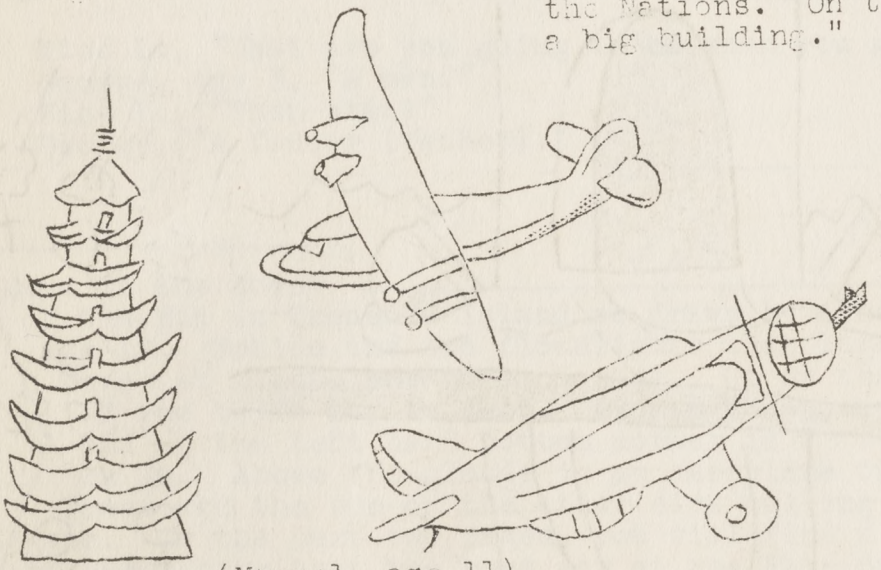
(Aldo, age 10
"This is the Schotis I mean the Scottish Village."



(Antonio, age 9)
"Here are the stands where they sold hot dogs and candy."

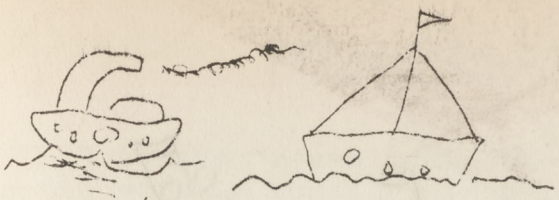


(Ernest, age 7)
"Here are three swan boats on the Lake of the Nations. On the far shore there was a big building."

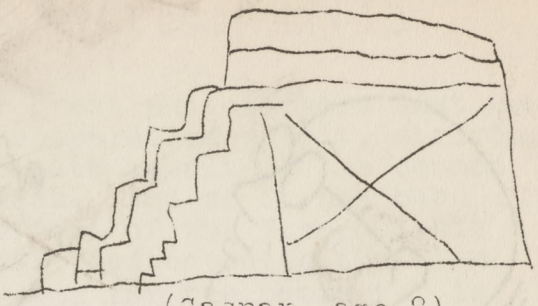


(Manuel, age 11)
"The Chinese Village, the Clipper Ship and a U.S. Army bomber."

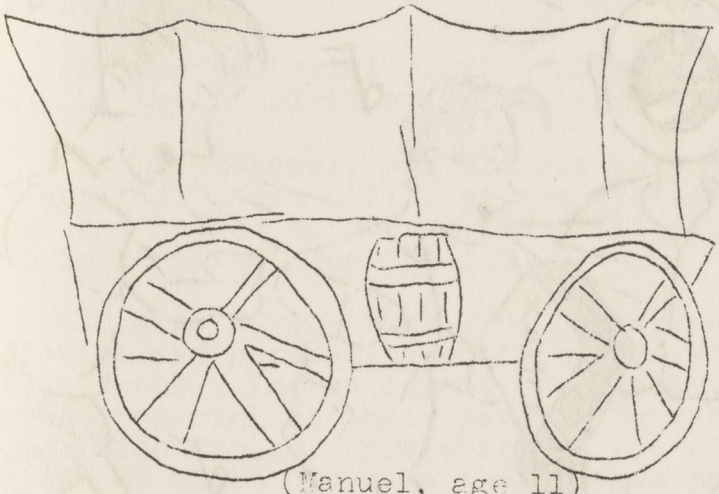
(Gaspar, age 8)
"Two soldiers on guard."



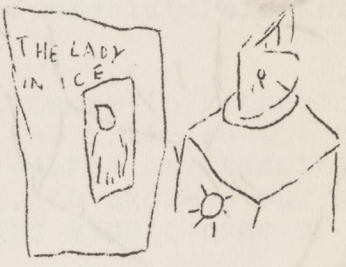
(Ernest, age 7)
"When we got to the end of the bridge, we saw the fine boat and a big sail boat."

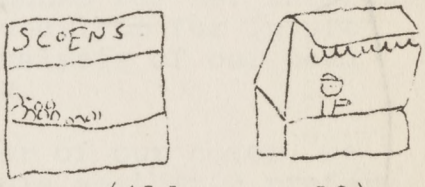


(Gaspar, age 8)
"The first thing we saw there was the stair going up the Elephant Tower by the main entrance."

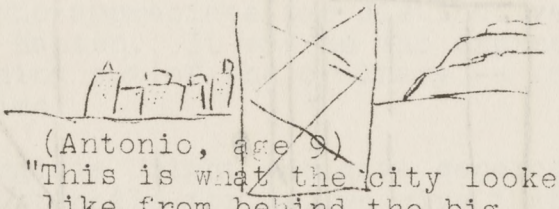


(Manuel, age 11)
"We saw this covered wagon that the pioneers rode on to get to California. There is no water in the desert so the pioneers had to carry their own water in the barrel on the side of the wagon."

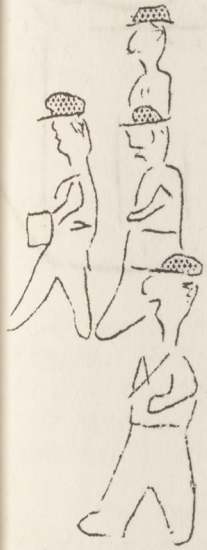




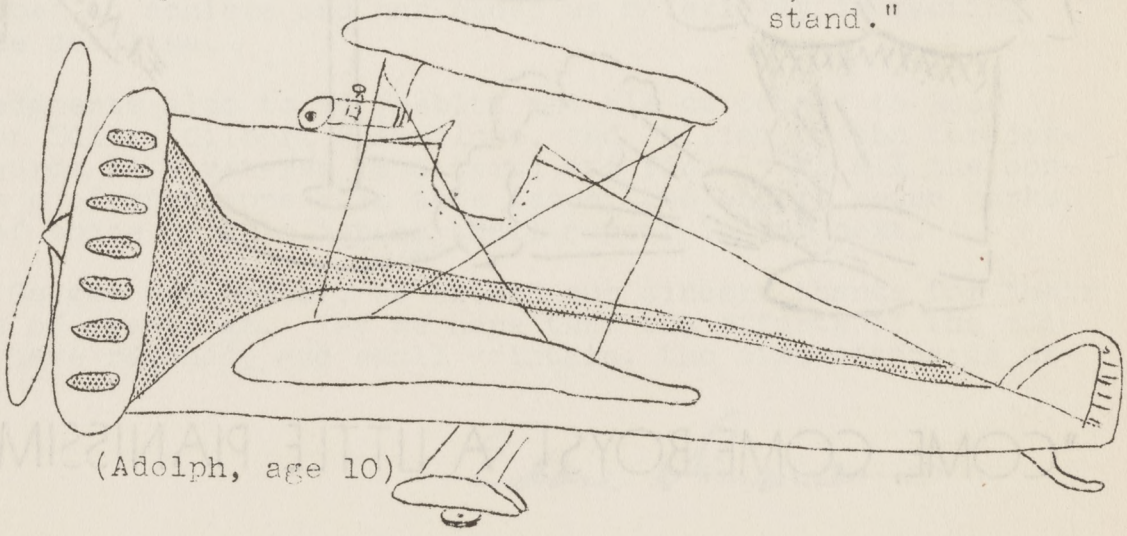
(Aldo, age 10)
"Up on top is the house where there was the lady in ice. We didn't get to see her. Below is the place we got our scones, and another stand."



(Antonio, age 9)
"This is what the city looked like from behind the big bridge."



(Charles, age 10)
"Four soldiers marching."



(Adolph, age 10)
"This is a fighting plane that we saw at the Fair. There is a machine gun in front of the pilot."

"COME, COME, BOYS! A LITTLE PIANISSIMO, PLEASE

EDITORIAL ACKNOWLEDGMENTS

We have proved again the truth of our great philosophers that men working together in an amicable and cooperative spirit, striving for a common good, achieves that ultimate result of the common good over seemingly insurmountable odds. And so it has been with The CLARION. This pioneering effort of the Tuberculosis Division of the San Francisco Hospital, dedicated to the fight against "the white plague" and published by and for the patients, is now off the press only through the unselfish work of the entire editorial staff.

To the editorial staff, whose spirit of cooperation was exceeded only by their spirit of enthusiasm, we would give heartfelt thanks.

To Dr. Schaper, who cleared away problems and reduced mountains to veritable mole hills, we are grateful. He has advised and encouraged and helped us over every difficulty, and we appreciate his interest in behalf of The CLARION.

We also would thank Mrs. Julian, whose persistence in gathering material and persuading contributors resulted in the articles for this first issue. The children, especially, will appreciate her tangible works appearing in their pages. We want, however, to express our appreciation for her work which is not evident on any single page of our paper but which did make these pages possible.

We remember Katherine Morton with special thanks for her interest in perpetuating The CLARION. Her appeal for manuscripts for future issues of our paper offers a fine constructive analysis of our need of material for forthcoming issues of The CLARION.

To those who appreciate the distinctive color of our cover, we present Harvey Hansen. It was he who expressed his aesthetic preference for something out of the ordinary -- and submitted, not only the idea, but samples.

To Dr. Virginia Wright who gave generously of her time and skill in cutting the stencils for us, we give thanks. Her ability to type quickly and accurately has brought The CLARION to the technical standard we had hoped to achieve and has aided us materially in meeting our inexorable deadline.

Acknowledgments also to Ed Nesbitt and his cartoons; to Rose Kraus, Halcyon Edler, Gilbert Chappalone, and William Upjohn for covering their wards like veteran reporters; and finally to all the contributors, some of whom appear in this issue, and others whose works, due to lack of space in this issue, shall appear in our next.

To Drs. Geiger and Wilbor, we extend our sincere thanks for their kind messages of greetings. May we hope that the efforts of the editorial staff have reached, and shall maintain, the high standards expected of us.

Eddie Almaraz

The CLARION

DECEMBER 1939

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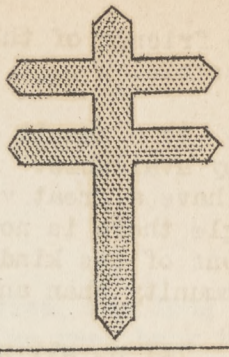
San Francisco Hospital
Tuberculosis Division

FEBRUARY 1940

The CLARION



San Francisco Hospital
Tuberculosis Division
&
Hassler Health Home

Volume I | FEBRUARY 1940 | Number 2

SUCCESS DEPENDS ON PULLING TOGETHER

By E. A. SCHAPER, M.D.

The favorable reception given the first edition of The CLARION by both the patients and the general public far exceeded our most optimistic anticipations. We had expected some adverse criticism, but the worst complaint we have heard is that some husbands sat during visiting hours intently perusing The CLARION instead of conversing with their wives.

We had also underestimated its educational value, for not only the patients read it from cover to cover but each member of their families did likewise. Many of our resident and visiting staff members, as well as most of the hospital employees, enjoyed our paper very much.

The CLARION was heartily approved and praised by members of our County Board of Supervisors, many other officials connected with our City Government, our Health Advisory Board and the officers of the San Francisco Tuberculosis Association.

The following quotation from a letter received from the Secretary of the San Francisco Tuberculosis Association is typical of the commendation which has come to our editorial staff from many sources:

> "At the December meeting of Directors and Executive Council of the San Francisco Tuberculosis Association copies of The CLARION were distributed. The Directors instructed me to congratulate you and the patients who participated in preparation of The CLARION upon the excellence of this publication."

From all this one must conclude that a standard has been set by this first edition which we must by all means maintain. We believe the editorial standards and policies can not only be maintained but improved from issue to issue.

The support and commendatory remarks from those who have read The CLARION have been most encouraging and we take this opportunity of expressing our gratitude to

the friends of the Tuberculosis Division who have made the publishing of this paper possible.

As a result of our radio talks we have an unlimited amount of excellent medical copy available. Among the six hundred patients here and at the Hassler Health Home we have a great variety of literary talent. With such a fine set-up from the copy angle there is no reason why The CLARION should not become one of the best publications of its kind, and do more toward the eradication of tuberculosis in this community than any other single agency.

Let us all pull together - patients, employees, doctors and friends of the anti-tuberculosis movement everywhere -- to make The CLARION a great success from every standpoint.

LIKE WHAT YOU LIKE

Do you ever in the course of your travel toward health feel apologetic about a particular liking for something? Don't. Of course the liking cannot be unbridled and uncontrolled. It must be confined to those things which are not contrary to natural or man made laws. It must not disturb or upset a course that has proved its worth. It must not infringe upon the rights of your neighbor.

This is not the granting of a license, but rather a brief against hypocrisy. Whether you like swing or a symphony; a western story or Shakespeare; Bumstead or Titian; the mere fact that it brings enjoyment to you makes it worth something. If any of these bring pleasure to millions of normal, everyday people, then you become a normal person in your appreciation of them.

Each of us is geared a little different mentally, physically and spiritually. These basic differences are what make us individuals and give us personality. They prevent an utter sameness that would make us incredibly dull. Because one in the world likes caviar, ham and eggs are nonetheless satisfying. The lusty mixed with the aesthetic should make life taste good - give it proper balance. A single happening becomes an event if it is allowed to broaden our perspective, if it teaches compassion and tolerance. Like what you like and let Tom and Dick and Harry do the same. If in the cultivation of these likes continual effort is made to improve their quality, then real progress has been made. Don't remain stationary.

Man, being the gregarious creature that he is, feeds too much on the adulation of the bystander. He strives to make an impression. He likes a thing because someone else decides that it's the thing to do. We, more than most, must learn to live a great deal within ourselves. If our time is spent in apology or in such a way that we feel an apology is required, then it's wasted. If it's spent in self pity it's wasted. Time is the one sure thing we have. When it's gone no power can bring it back to be used again to better advantage. Why not use it sincerely and earnestly to like what you like.

-- H. H.

He who scoffs at dreams
Has but little tact,
For all of man's creations
Were dreams preceding fact.

-- Barney M. Sands

THE HISTORY OF TUBERCULOSIS

By GEORGE B. MILLER, M. D.
Clinician, S. F. H. Chest Clinic

Tuberculosis, known to the ancients as phthisis or consumption, has long been a plague to man. Evidence of tuberculosis of the spine goes back to 5,000 B.C., and some Egyptian mummies have been found to show tuberculosis of the lungs. During this period disease was generally regarded as due to the displeasure of the gods and to the malign influence of demons, and treatment consisted of incantations and similar traffic with the spirits.

Then came Hippocrates, the great Greek physician, who lived from 460 to 377 B.C. He and his followers gave to tuberculosis many things which now sound quite modern. He employed auscultation (listening to the chest with his ear), recommended rest in bed for blood spitting, advised the withdrawal of fluid from the chest when it collected in quantity, and most startling of all, was the first person to use pneumothorax in the following manner. To relieve the pain associated with pleural rub, he advocated injecting air into the pleural cavity by inserting a reed pipe into the pleural space, and by attaching an ox's bladder to the reed he forced air between the two lung surfaces!

The Romans generally agreed with the Greek teachings, but contributed little else.

The early Christians thought that sickness was to be endured as the will of God, and permitted the amazing advances of the Greeks to be lost for hundreds of years.

During the seventeenth century keen observers began contributing information again. In 1696 Baglivi noted that tuberculous soldiers who received spear wounds in the chest (and therefore an abrupt and unintentional pneumothorax) often recovered from their tuberculosis.

In 1699 opinion as to the contagiousness of tuberculosis among the thinking men of Lucca, Italy, crystallized to the point where legislation was passed making it necessary for the first time in history for physicians to report by name their tuberculous patients to the city authorities, and to instruct relatives on such disinfecting procedures as washing articles with lye, destroying pillows, etc. About this time French anatomists were discovering things about tuberculous lungs such as tubercle formation, cavitation, etc.

In 1816 Laennec, a Frenchman, discovered the stethoscope on seeing two small children sending messages to each other by tapping on a log, one child having his ear to the log so that he could receive the transmitted blows of the other. One hundred and fifty years before, Hooke, an Englishman, had really been the first since Hippocrates to employ physical diagnosis, as we call using our eyes, ears and hands to diagnose tuberculosis when he opinionated he could make some use of palpation, which is feeling sounds transmitted by the lungs. But this was'nt so important a contribution as was Laennec's since hearing things in chests tells us more than we can gain by feeling the transmitted sounds.

Laennec, who himself had tuberculosis, first employed a rolled paper which he

placed to his ear; then he used solid and finally hollow wooden cylinders. He also discoursed on other aspects of tuberculosis and contributed much information toward its understanding. As yet, however, no more was known regarding the treatment of tuberculosis than had been known before the time of Christ.

In 1821 an Englishman named Carson contributed discoveries which were the basis for the development of the pneumothorax treatment of today. This amazing scientist induced pneumothorax in animals, and as a result of his observations he wrote that by this procedure "the diseased part would be in a quiescent state, receiving little or no disturbance from the movement of respiration". This principle is the underlying thought of all collapse treatment today. He recommended the induction of pneumothorax by degrees, which opinion his successors seventy years later sometimes failed to heed to the dismay of their patients and themselves.

Since this was was before the time of Pasteur and Lister, which means before the danger of infection could be prevented by the use of sterile technique, little came of this remarkable research although it served to guide men in later years.

Robert Koch, a country physician whose wife gave him a microscope for a gift, discovered the germ which causes tuberculosis after years of painstaking research. This was in 1882 and until his results were announced no one knew what caused tuberculosis. He learned how to stain the germ so it could be seen under a microscope and he also discovered tuberculin, the product of the germ so useful in diagnosis and sometimes in treatment.

Six years after this Georg Cornet showed that the tubercle bacilli are spread by careless tuberculous patients.

Getting back to the progress of treatment, the first practical contribution since Hippocrates was made in 1840 by Bodington when he decried shutting patients up in stuffy rooms and giving them gases to inhale (a process then in vogue). He stated that "the only gas fit for the lungs is pure atmosphere freely administered without fear". This sensible teaching was unfortunately laughed down by his stuffy contemporaries and so it wasn't until nineteen years later that the first successful sanatorium was finally opened, this time in Germany, where rest, open air and supervised exercise were the keynote of treatment, just as they are today. Saranac Lake, founded by Trudeau in 1882, was the first sanatorium of its kind in America.

Carlo Forlanini of Pavia, Italy, profited sufficiently from studying Carson's work of sixty years before so that by 1882 he practiced artificial pneumothorax on his patients and taught other men to do likewise.

In 1895 came Roentgen's great contribution to the world, the X-ray, for which all physicians thank the good Lord at frequent intervals.

Ten years before this a Swiss by the name of de Cerenville did the first thoracoplasty, and shortly afterwards Tuffier, in 1891, did the first separation of the pleural layers from the chest wall, which is the first step in our very modern extra-pleural pneumothorax. Like many another valuable contribution this procedure went partially unheeded for over forty years although it was used as the basis for wax fills, a procedure now not very much in use. Modifications of the thoracoplasty operation and other operations such as adhesion cutting, phrenic paralysis, etc. followed in later years.

Among the men known personally to us, Dr. Eloesser was a pioneer in the recognition of bronchial tuberculosis and wrote some of the first articles regarding its

existence and how it might be treated.

Although a tremendous amount of good work has been done as statistics show, we are still weighing past methods and still searching for new and better ones. May the efforts of the creative minds among us be crowned with success.

O

TALKS ON TUBERCULOSIS

Since the induction of radio station KSFH in the summer of 1939, a series of regular weekly medical talks on tuberculosis was started on August 4 of that year. Following a well planned step-by-step program to familiarize the patients of the San Francisco Hospital with every aspect of tuberculosis, twenty-one talks were given by as many medical specialists by the end of the year.

Beginning the year 1940, the following talks were given:

DATE (1940)	SUBJECT	SPEAKER
Jan. 5	Treatment of Pulmonary Tuberculosis - Pneumothorax	A. Goldman, M.D.
Jan. 12	Treatment of Pulmonary Tuberculosis - Thoracoplasty	Leo Eloesser, M.D.
Jan. 19	Treatment of Pulmonary Tuberculosis - Other Forms of Compression Therapy than Pneumothorax and Thoracoplasty	Harold Brunn, M.D.
Jan. 26	Treatment of Pulmonary Tuberculosis - Psychological Aspects	J. M. Wolfsohn, M.D.
Feb. 2	Treatment of Pulmonary Tuberculosis - The Patient's Part in Getting Well - Bad versus Good Habits	Wm. G. Burkhard, M.D.
Feb. 9	Treatment of Pulmonary Tuberculosis - Sanatorium versus Home Treatment	Harold Trimble, M.D.
Feb. 16	Treatment of Pulmonary Tuberculosis - Occupational Therapy	Edmund J. Mahon, M.D.
Feb. 23	Treatment of Pulmonary Tuberculosis - Fake Cures	Wm. Voorsanger, M.D.

The following talks will be given in March:

Mar. 1	Treatment of Pulmonary Tuberculosis - Rehabilitation	Mr. H. D. Hicker
Mar. 8	Treatment of Pulmonary Tuberculosis - Papworth Colony	E. A. Schaper, M.D.
Mar. 15	Public Health Aspects of Tuberculosis - Case Finding - Schools - Contacts and Tuberculin Testing	Paul Barrett, M.D.
Mar. 22	Public Health Aspects of Tuberculosis - Field Nursing - Follow-up	Miss Ernestine Schwab
Mar. 29	Public Health Aspects of Tuberculosis - Social Service	Miss Mary Clary

STATION KKK SSS FFF HHH FRIDAYS AT 1:30 P.M.

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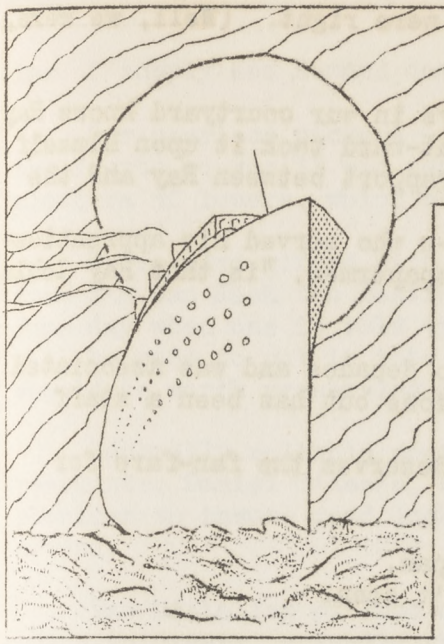


ROUND THE WARDS

...AT S.F. HOSPITAL

WARD 19

Katherine Lopez and Helen Vangel were trying to keep their regular Saturday morning radio program a secret. Could you guess? Well, none other than the fairy tales enacted! That's all right, girls, we are all entitled to our tastes, but don't you know that it's impossible to keep secrets around here?

Although the ever busy and likeable Alice Manley went home before Christmas, we can still wish her lots of luck. We hope she "takes it easy" now, as Alice made us feel exhausted just watching her make all those clever knitted sweaters and hand made "what-nots".

We had a few of the girls and Miss Joyce saying the various tongue twisters. Invariably they said, "Aw, that's easy, they're simple," but once started on the teasers they changed their tune, both the girls and the sayings. Here are a few to wrap your tongue around. Try them. It's fun! Read them aloud quickly and perfectly three times in succession. "Bob bought a black back bath brush." "A box of Bisquick, a box of biscuits and a biscuit mixer." "Old Oily Ollie oils old oily autos." "Frank threw Fred three free throws."

There has been a bit of amusement from the trick exposure picture of a man with four eyes in a recent edition of Life Magazine. The girls finally convinced Mae Schenimi that there were only two eyes. We hate to disillusion you, Mae, but there really are four eyes in the picture. "Smithy" also helped out by looking at it without her glasses and believing it was a picture of Clair Ellis, as Clair had said.

Easter came early this year as Dorothy Levy received a bunny suit of pink pajamas with hood, mittens and booties. She really looked like a pink little bunny when she made rounds to show it.

-- N. R.

WARD 23

Not that we wish to be identified as being unduly cynical or that we don't believe in Santa Claus but we must admit that we are faintly relieved now that the Christmas tree by the gate is no longer with us. It was, to say the least, antisoporific. We didn't mind being kept awake by the lights shining in our eyes for that exuded some holiday cheer, but a more subtle insomniac influence was due to the question it raised in the minds of the south porch as to whether the lights were strung in parallel or in series.

We hope that it was by sheer logic and deduction and not by stentorian dominance

that we convinced the series school of thought that we were right. (Well, we were, weren't we?)

○

It seems that every musical organization that plays in our courtyard knows Ray well. We wondered about that until our little man-about-ward took it upon himself to gather some information about Ray which solved the rapport between Ray and the visiting musicians.

"The inside story, boss," reported our little m-a-w who served his apprenticeship as a journalist by attending all movies about newspapermen, "is that Ray lobla vorsen tropadakabak."

"Oh," we nodded, "that clears it up."

Ray has been a professional pianist for almost two decades and was associated not only with our better known local musical organizations but has been a staff member of San Francisco's major radio stations.

"I miss my piano," he said to us, which we think deserves the fan-fare for being the prize understatement of the month.

○

There was a young poet from Japan,
Whose last lines simply wouldn't scan.
When asked why this was,
He said, "It's because
I try to get everything into the last line
that I possibly, possibly can."

○

A note from Leo, who recently went to Hassler, informs us that four former Ward 23 citizens from the east porch are now in the same room down there. Besides Leo, there are Jeff, Kenny and Fred. Leo says, cryptically (and paradoxically, it seems to us), "The atmosphere is entirely different too."

○

There was a young physicist named Nate,
Who told me that Einstein's Theory was great.
"If AB : XY
::$\sqrt{\quad}$: π
Then Time $<$ 0 to Relatives till after they've ate."

○

Last month we intended to warn everyone that Reno would interrupt one's most erudite observation with, "Now, don't jump at conclusions." He doesn't do it any more, but it would have been a scoop last month.....anyway?

○

'Twas the hour before inspection and all through 23
Everyone was scurrying, as busy as could be.
Miss Crowell ran from here to there in a hurried dash,
Tony was in a dither, twirling his mustache,
George was in the bathroom scrubbing up the floor,
Joe was in the locker-room polishing up the door,
I was putting things away, cleaning up my stand,
Nate lay there so snug in bed and wouldn't lift a hand.
Now, wasn't he a nasty man -- I think he should be -------!

-- E. S.

WARD 25

In the person of one Reinhold Manteuffel this Ward owns the champion plain and fancy eater. The trencherman supreme. If his appetite could be subdivided and properly distributed, all food guerneys would be carrying trains of trailers - the

law of supply and demand completely disrupted.

○

Our peerless pickers - authorities on everything from what Lame Duck did in the fourth to who'll win next year's East-West game - have been suffering from a plethora of losers, which qualifies them as experts.

○

We're also gifted with many who have plied the seas to earn their daily bread. From Tin Can Jack the Destroyer Man to Engineer Frank, they tell some tall tales. Some day when one is told that sounds within the realm of possibility, an attempt will be made to put it into writing for the edification of our readers. Some should be worth preserving for posterity.

○

Generally reliable sources bring the information that one of our well known residents, Daniel O'Keefe, sticks to the old custom of flipping some salt over his shoulder to insure good luck for the day. At that, luck isn't a bad thing to have around.

○

The battalion of knot makers are outdoing each other in their string tangling craft to create, actually create, things rare to behold. The most ingenious has been the conversion of a belt into a cigarette case. It's hardly safe to wander about the ward, for fear of sticking one's head in a noose. An additional inducement to stay in bed, where a lot of us belong.

○

Leo Yip made his radio debut when he was given a diploma for completion of a course. The previous high in graduation ceremonies was going down to the Post Office to see a friend granted his degree by mail. This was even more ethereal, and quite in keeping with our machine age.

-- H. H.

WARD 26

If by some magic your ward reporter were suddenly to be placed between the Maginot Line and the West Wall, the concentrated fire on his thin shoulders would in no way be less than that endured during the last days before The CLARION deadline. The gamut of fire running from "Mama" Christian's soft but authoritative "Our boys must do something next time," includes Harvey Hansen's best city desk manner - "I'm telling you guys, get out six or seven hundred words for the next issue," and is not finished without vigorous protestations from other sources of "If I were only ambulatory--". So, to save those concerned from further agitation, Ward 26 hereby emerges bloody but unbowed to storm into the breach made conspicuous by its absence from the first CLARION.

○

The spectacle of the Tennessee Vols being carried away on their shields after the Rose Bowl incident was not without its poignant effects locally. After sixty minutes of faithful listening and staring at the ceiling, Jimmy Montgomery was moved to comment in a very sober tone, "They've got too much power." It happens that Tennessee is Jimmy's old Alma Mater.

○

If anyone has any good Popeye cartoons to spare they might be brought around to Fong Doon so that he can practice his art work without copying the Hearst cartoons. At that they have one redeeming feature; the captions are in Chinese.

○

Let's take a look into the cast room (or bone-yard), that place apart, where the inimitable Wing Wong dominates with his Confucian wit and everybody has his own wash basin. We find three beds vacated in one week, and no fooling, it ain't the same place. The walls no longer echo to the gusty humor and general rough-

house stuff of the Messrs. Lafferty, Cullins and Leare. When last seen the Old Professor was muttering in his beard about Clifton Fadiman, and what it was that impostor had that he, the Old Professor, didn't have.

○

If anyone is of a mind to do research work on the history of the American stage, may we present our Dick Evans. Despite the problem of breaking down a certain modest reserve, we think there must be a gold mine of fascinating reminiscence there, for in our opinion anyone who has shared doughnut money in the old days with such greats as Doug Fairbanks and John Barrymore is good copy in anybody's league. Agreed?

○

As we sit and chew our nails for inspiration, our thoughts turn somewhat enviously to Harvey Hansen writing ward news in Gail Gregg's bailiwick. What a break, with somebody like Pieper to supply local color. It was he, if my grapevine is correct, and not Herb Caen, who thought up that thing about South of Market, Down Sixth Street Way. Why, the thing has tremendous possibilities!

○

Will the night staff which indulged in fruit cake during the Christmas season be informed that the donor wishes it known his heart was not entirely filled with charity. Guess the point is obvious.

○

Also, we would like to announce that Leamon (can I help it if they pay such high prices) Quenton is opening the Hassler branch of his super-duper peerless pick service. I always did say the horses gotta eat like anybody else.

○

So long, folks, and thirty.

J. G.

WARD 31

The newest thing in our ward is the plaque. Anyone wishing a nice plaque of him or herself need only go to the studio of Marianna Free, situated in the northeast corner of the solarium, and there he or she may get a life size, or any other size, plaque made while they wait. These are made in the most brilliant of colors, and are guaranteed to please the taste of the most fastidious customer.

○

Lucille Taylor is rejoicing over her first "up", and is again learning to toddle.

○

We were a bit skeptical when it was rumored that a little mouse was making nightly calls on Carrie Robinson, but all doubt was removed when Carrie let out a war-whoop one evening to prove it.

○

We don't know whether it's the food or the laughter that's putting on the pounds for Hilda Albury. Anyway, if you want a few chuckles just hang around Hilda and soon she'll have you laughing in spite of yourself.

○

Two pneumo patients were discussing the amount of air they had received one day, when a new patient piped up with, "Why don't I get some of them wind treatments?"

○

Mary Miyoshi is positively stunning in a brand new short hair cut. Looks like Mary is out to do a bit of captivating. What with it being Leap Year and all, we wouldn't be surprised.

Florence MacKay makes a striking figure in her new skiing outfit of ski suit, toboggan, and long wool gauntlets. If Flo were only ambulatory, we're afraid she'd be shoving off at the first snow flake.

H. E.

WARD 32

The green, pink, and vari-colored elephants of which we wrote last month have been joined by, believe it or not, a group of giraffes.

Since perusing our first animal book as a small child, we have labored under the delusion that a giraffe was a long necked, fascinating quadruped of rather indefinite color, covered by many round spots. Now we discover that giraffes as well as elephants come in stripes, checks, plaid, or what have you.

We expect to wake any morning now and find a mongoose calmly surveying us from the foot of our bed.

○

Undoubtedly our sense of humor needs a good psychiatrist. At any rate, we chuckled long and loudly at the following incident:

It was after 9:00 Thanksgiving night. The lights were out and all was quiet, except for the almost audible relaxation that was present throughout the room. Everyone was mentally re-living the day, whether it had been spent at home or in the hospital. Suddenly from the center of the room emerged a long sigh of contentment. "Just think," said Dorothea blissfully, if a little confusedly, "both chickee and turkin!"

Our only consolation lies in recalling that we steadfastly refused to be amused when Dorothea wanted to know if liverwurst consisted of the worst part of the liver.

○

One of the brighter spots on our horizon is Petra Celedon. Since entering the hospital Petra has determined to make the most of her opportunities. Not only is she the prize cure taker on the ward, but she devotes all her spare time to increasing and improving her English vocabulary. We were extremely pleased and (undeservedly, we admit) flattered on discovering that her favorite reading exercise is the December issue of The CLARION.

○

With heavy heart, and the realization that another illusion has been shattered, we relay the news that Marie Warraner's idyllic romance with Pete the Pigeon is dead. For weeks - nay, months - at the appointed hour each day Pete would perch beneath Marie's window (that it was always about supper time was purely coincidental). He would gaze at her soulfully while she talked pigeon talk to him. Then on New Year's day or thereabout, while Pete and Marie were carrying on as usual, a lady pigeon (we're taking Marie's word for it) arrived on the scene. She flirted shamelessly and Pete, being only a poor man pigeon, fell for her tricks completely. They flew away together, and Pete hasn't returned yet.

Marie is being brave, but we can see that something has gone out of her eyes.

○

By far the funniest incident during January (that peculiar sense of humor again) occurred the day Ann Swartz asked the doctor to break an unsightly but harmless ganglion on the back of her hand. After some difference of opinion as to the choice of a proper weapon we decided in favor of the dictionary, whereupon Ann obligingly held out her hand and the doctor, equally obligingly, went to work. The first hit was unsuccessful, and the second. By that time we had all entered into the spirit of the occasion, and each contact of the dictionary with Ann's hand became funnier than the last. Like little Audrey, we laughed and laughed. In

fact we howled. The operation was a success, but we are still worried about the previously unsuspected sadistic streak that reared its ugly head at the spectacle of Ann's discomfort.

O

PERSONAL

E. S. -- In line with your plea for help, we have taken charge of your family of cacti. Your fears regarding the state of health of one of its members were only too well founded. She was not only running a temperature but was pitifully anaemic, and no wonder! The old woman who lived in the shoe was a piker by comparison. How she had managed to provide sustenance for her large number of offspring and still keep alive is beyond our understanding. We separated her from her family, although our maternal instinct forced us to leave her several of the younger children for companionship, and put her in isolation. She is rallying slowly, and we are hopeful that she will some day make a complete recovery. The children have been placed in good homes and are doing well.

-- K. M.

___AT HASSLER'S

Winter is distinctly here at Hassler's. One feels it intensely for the earth and sky press upon one with their closeness. All during the month of December the air was fretted by the beautiful flight of wild ducks migrating for the winter. In perfect disposition their outstretched bodies fly across the sky. A poignant symbol of winter's seizure of the earth. Yet in direct contrast with this, a baby rose bush dares to bloom profusely even in the midst of a severe downpour of rain.

O

Are you a philatelist? or an autograph collector? If so, then you have, no doubt, exchanged something you had for something else that you wanted that someone else had. (If it doesn't make sense the first time, read it over slowly.) Plenty of bargaining and exchanging went on down here during the holiday season, and it wasn't in stamps, butterflies, or last year's marbles.

According to custom, a few days preceding the Christmas party, each girl drew a boy's name from a basket and the boys imitated their performance by drawing a girl's name. This determined the person on whom the gift was to be bestowed at the party. There was some name swapping among both sexes. Miss -----'s name brought the best price on the open market, finally going to the highest bidder for three oranges, another name, a 1939 calendar, and two sticks of gum (both brand new).

O

Speaking of this party reminds us that we observed that the boys displayed sensible judgment by selecting practical gifts while the girls' selections were mostly humorous things, ranging from a celluloid cat bedecked in a ribbon to a rattler. One girl knitted a gaudy striped tie. It was a honey! Each color was an incongruity that virtually shouted at its companion color. It was so flamboyant that a rustic swain might hesitate to wear it to a barn dance. It was given to a certain timid boy who blushes very readily. It is no secret!

O

Mayor and Mrs. Rossi's gift of a potted poinsettia plant to grace our dining room gives us an opportunity to display our horticultural knowledge. Botanically speaking, those flaming red petals that make the poinsettia so outstanding and appropriately a Christmas plant are not petals at all. They are bracts; that is, they are leaves subtending the flower.

O

Up patients who worked as muralists found themselves in opposing camps as far

as art philosophy was concerned. Mary Chin, champion of the modernists, sketched a youthful, abstract Santa and then went surrealist by pasting cotton whiskers on him. Lucille Villamille, conventionalist par excellence, sketched Santa as a fat jolly fellow. Jewetta Rorer compromised by drawing some beautiful ringing bells.

O

Speaking of Jewetta Rorer brings to mind a sad sad story of fidelity. When she left for home she took Oscar, her beloved turtle, with her. (Parenthetically, he is an intelligent little fellow.) Evelyn, his companion turtle, wept copious tears for days after his departure; not even a bright sun seemed to mitigate her genuine sorrow. However, she has finally regained her happy disposition. Moral: time heals all things; yea, even love!

O

Visitors to Hassler's who feared that the girls were becoming mere mechanical knitting machines are asked to return to see the change, now that the gift season is over.

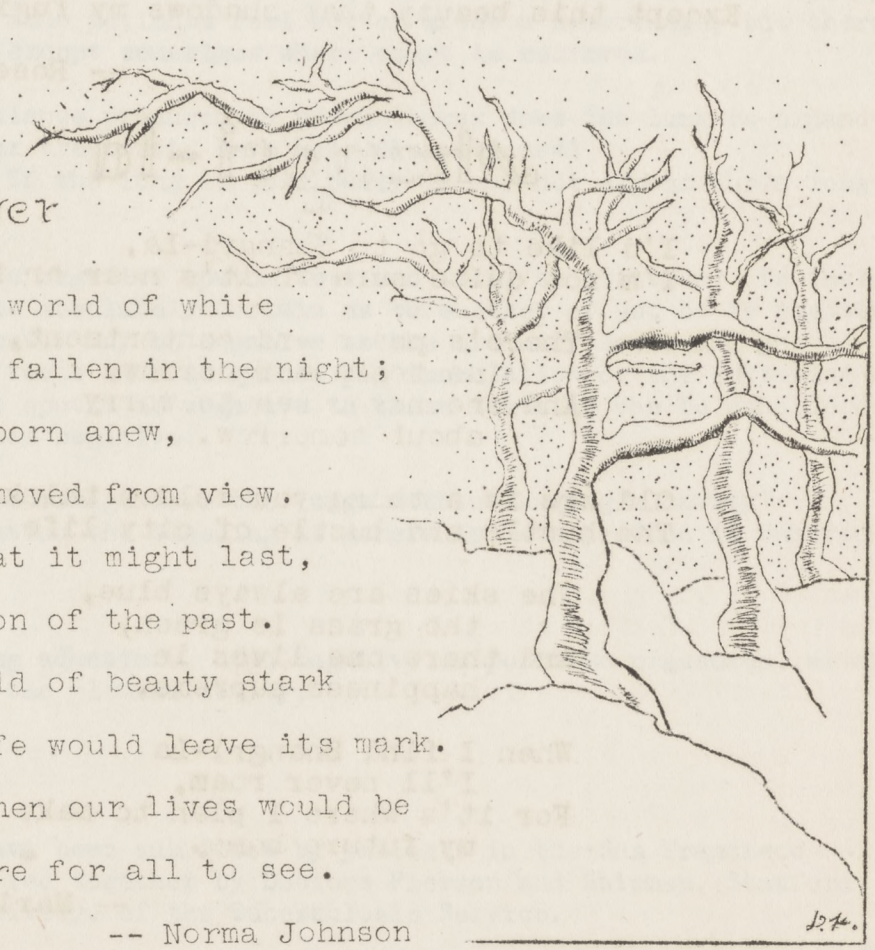
O

The following girls returned to their homes recently: Agnes Laughton, Jewetta Rorer, Alice Stinson, Carlotta Jazzux, Margaret Flynn, Barbara Ford, Hazel Lee, Carmen Valdez, Edna Low, May Wong, Hazel Drisko and June Jacobson.

O

An attractive pergola leading to the dining room has almost been completed except for the tiling on the roof. It is a goodlooking piece of architecture. Its primary purpose is to keep one dry while going to and from the dining room. One cannot help thinking how beautiful it would look in the spring if climbing flowering vines were planted in huge colored earthen pots and trained to spread their lovely green over it.

-- R. K.



A Prayer

I awakened to a world of white
From snow fresh fallen in the night;
Like a world reborn anew,
Its ugliness removed from view.
And I prayed that it might last,
This obliteration of the past.
In this new world of beauty stark
Each step of life would leave its mark.
How different then our lives would be
The imprint there for all to see.

-- Norma Johnson

approach of spring

Shy monk-like bulbs enveloped in hiemal habit,
Perceiving the sun's solstitial invasion from earth,
Receive an invasion of joy like that endured
By Persephone bidding Pluto farewell.
Earth seemed dearer to her than Pluto's embrace.
Dressed in lovely frocks, Winter's children
Step on earth for mute communion with sun;
A communion poem metered with wooing beauty
Stirring, storming, claiming and loving the heart.
Thus do mortals meter their hearts in communion
Of hungry body pressed to hungry body
And eager lips annexed to eager lips.

I note the peel of the earth is torn away
To allow these errant subjects of earth to storm
The mortal eye with color and wanton beauty.
Under simple laws of leafing, disleafing and blooming
They know a profundity deeper than their roots.

Oh heart, be still! I know the acacia tree
In the garden languishes as a weary danseuse
From barbarous baptisms poured by rain on her bloom.
This too, I know, he has forgotten me. . . .
Yet at this moment, nothing seems to matter
Except this beauty that shadows my fugitive moods.

-- Rose Vivian Kraus

shangri-la

I'd like to go to Shangri-La,
I'm not quite sure if it's near or far.

There's peace and contentment,
no tears nor sorrow,
And one never has to worry
about tomorrow.

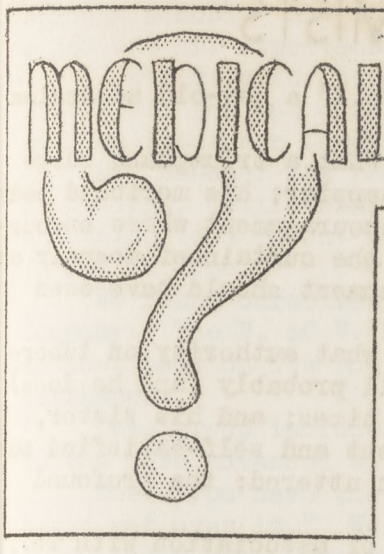
Old age is a thing you seldom think about,
The hustle and bustle of city life shut out.

The skies are always blue,
the grass is green,
And there one lives in
happiness supreme.

When I find Shangri-La
I'll never roam,
For it's where I plan to make
my future home.

-- Marie King

MEDICAL INFORMATION, PLEASE



Q. - Is it possible to have pain in the lungs?
A. - The lungs are insensible to pain, but the bronchi and pleura have nerve endings which cause pain.

Q. - Is alcohol a disinfectant for Tb. germs? If so, what strength?
A. - Yes, in a strength of from 50 to 70% for 48 hours. However, because of its slow action many other germicides are better.

Q. - Should a room be fumigated after occupancy by a tuberculous person, or would a thorough cleaning suffice?
A. - A thorough cleaning suffices. Tubercle bacilli are not killed by ordinary fumigation.

Q. - Are curved nails and clubbed fingers an indication of tuberculosis?
A. - No. They may be present in other pulmonary and cardiac diseases.

Q. - Is a hemorrhage ever beneficial except as a warning that a lung is diseased?
A. - Occasionally a cavity may fill with a clot, and as that shrinks the closing of the cavity is aided. Some patients feel better after a hemorrhage, but there is really little benefit except sometimes where cough is relieved.

Q. - In a spontaneous collapse produced by pneumothorax does the lung re-expand, assuming that pneumothorax treatments have been discontinued?
A. - Generally it does. If the lung is torn badly it may not expand for a long time.

Q. - Could a person have a negative sputum test and still be positive? Is there any way for a person to be absolutely certain as to whether or not he is negative?
A. - Yes. A patient's sputum may be negative to the ordinary smear and yet be positive to more refined tests such as guinea pig inoculation or the culturing of gastric washings. If the sputum is negative to these tests he can be considered to all intents and purposes negative.

Q. - Is it possible to hemorrhage from the lungs without having a cavity?
A. - Yes. Without cavitation the bleeding is generally less profuse in tuberculosis.

Q. - What causes fluid?
A. - Stretching or tearing adhesions, high negative or positive pressures, or any irritant introduced into the pleural cavity.

NOTE: These questions have been submitted by patients in the San Francisco Hospital. They are answered together by Doctors Pierson and Shipman, Stanford and U. C. Chiefs, respectively, of the Tuberculosis Service.

DEBUNKING THE PESSIMISTS

"How long do you think it'll take me to get over my Tb.?" a day-old admission to one of our wards asked an old-timer.

"You'll never get over it," returned the old-timer. What a triumphant surge welled up within his sadistic heart; his morbid mind was happier; his moribund body momentarily perked up. For hadn't he once again given discouragement where encouragement was needed? The seed of pessimism had been sown; the curtain of despair and ignorance drawn where the veil of hopefulness and enlightenment should have been lifted.

"You'll never get over it." By whose word? Ask him what authority on tuberculosis he quotes and he cannot quote one of them. He will probably (and he does) say, "Well, look at Alpha, he's been here three different times; and his sister, Omega, has been here for ten years." Ah-h-h, how complacent and self-satisfied our chronic cherub feels! The unanswerable statement has been uttered; the profound master has spoken, has he not?

We're an old-timer, too. Over five successive years of association with Tb., of continuous "curing" and alternating degrees of improvement. Some years ago we were so ill the chief of the medical service told our relatives we had only a few days to live. Maybe so, but "this ain't no ghost-writing." We had a moderately advanced bilateral lesion, with a spontaneous collapse with pleural effusion (collapsed lung with fluid displacing the lung in the thorax). We've had hemorrhages, pleurisy, cavitation - name the symptom or condition, we've quite likely had it. As an old-timer who probably has had as much experience with Tb. as those disciples of pessimism referred to, we believe we can impugn and refute their philosophy.

These forthcoming facts, presented to help allay the pessimism of our ambulatory ambassadors of absurd assertions, can be proved. One thing more, though. We met many men in our years here. When we were discharged some years ago we palled around with some of them. They also heard "You'll never get over it." Did they? Well, judge for yourself.

R, my pal for twelve years, spent several years "taking the cure." He hadn't completed high school; he had no business experience. The Bureau of Vocational Rehabilitation of the California State Board of Education sent him to a secretarial school. He completed his course and worked for the Bureau. Four years ago he heard of a stenographic opening in the offices of California's largest trucking company. He passed the company's physical examination! Today he's officially classified as secretary to one of the company's vice presidents. Total working period - over seven years.

C, another of our grads whom we see frequently, was enrolled here for a few years. He was an experienced mechanic. He was sent to Heald's by the Bureau of Vocational Rehabilitation to study mechanical draughtsmanship. He has, like our other friends, an alert mind - he finished a two-year course in eighteen months. Shortly after completion of the course he found a place with one of our best known companies. Working period - six years.

M, another pal, was an undergraduate for several semesters. He was what is called in the optical business a grinder. He returned to his trade seven years ago, worked hard, learned the mechanical end thoroughly. Today he is foreman of the shop in San Francisco's largest optical company.

F, whom we see infrequently, was in Ward 25 for years. He is a fine violinist and an excellent commercial artist. He hemorrhaged so severely in 1927 that his last resort was a thoracoplasty. In two operations surgeons removed sections of ten ribs. Today he is the head of the art department of a leading downtown department store; he's married and has a three year old daughter. Huh, so "you'll never get over it."

P spent several years inducing certain invaders of pulmonary peace to sign a non-aggression pact - and that's one pact that hasn't been violated or abrogated. The helper of so many of us, The Bureau of Vocational Rehabilitation, assisted her

through school. She studied stenography and bookkeeping. Directly from school to a job was her experience, and she's still on the job.

L was here for several semesters. Although she had a background in the business world she was offered a "brush-up" course by The Bureau. She obtained a place with an insurance company, and is still "on the outside looking in."

Dr. Schaper has read over the KSFH hook-up about Frank Taormina, City Clerk of Pittsburgh, California, who spent nine years in a tuberculosis sanatorium. Frank, according to a recent news item, has induced Governor Olson to declare a State Shut-in Day in June.

We found ourselves behind the eight-ball. We had worked for the Telephone Company. The B. of V. R. found another application in its mail. Heald's found another name on its roster. We got a job as a stenographer and assistant to the bookkeeper.

This group includes persons who have had tuberculosis from its incipient stage to the more advanced bilateral infections; from phrenectomies to thoracoplasties.

There you have the outline of eight of us who heard time and time again "you'll never get over it." We pledge our word that these brief case histories sketched are essentially true. We can prove it.

Undoubtedly our purveyors of pessimism are going to search for inaccuracies, inconsistencies or fallacies in our efforts. For instance they may say, "Yeah, that wise guy shows us eight persons who did possibly succeed. I'll show you twice as many who came back." For every one they personally know who came back we personally can name one who didn't; we can name more successes than we've presented here. "But," one of these pessimists gloats, "this smart-alec writing this stuff is back himself - what an example he is!" Yes, we're back. It so happens that three trips to surgery, while we were a patient on the other side, were responsible for a flare-up. Our doctor volunteered the information that when our incision heals we'll quite likely be discharged, and the incision is nearly healed. Too bad, eh?

Let's return to those whom we've mentioned by initials. Every one of them is leading a normal life. None has imposed restrictions on his activities. Each one takes a drink, but socially - not indiscriminately; each one dances at parties. Our pal, R, recently began taking up music, and in addition to working eight hours a day went to night school simply for his own edification. C has taken up horse-back riding; he and M are rabid fishermen - they hike for miles into the mountains for trout; we've gone up to the San Joaquin River fishing with them and their wives. A few years ago all the above and some other of our alumni had an idea for an annual picnic. About ten or twelve couples attended each of our three annual reunions. We were amazed at how the fellas scrambled up hill-sides, swam in the San Lorenzo in the Santa Cruz Mountains, went canoeing and otherwise acted with the enthusiasm of normal, healthy people. None of them is back taking a post-graduate course. Tie that, you pessimists!

We, of course, aren't advising anyone to duplicate these activities - you have your doctors to advise you. We're simply indicating the myriad possibilities for a conscientious, optimistic "cure taker" who receives his diploma from our college of cure or from The Farm. Shun those pessimists who tell you "you'll never get over it."

Of course you're going to be discouraged occasionally - none of us can be continuously wearing an Ipana smile. We're entitled to our own special, private moods - why not? We're still emotional, sentient human beings. But as for these chronic pessimists who spew their ridiculous, insidious words upon us who are either new in the art of "cure chasing" or who warrant encouragement, we want none of their "you'll never get over it" doctrines.

(Due to extenuating circumstances the desire of the author of the above article for anonymity has been respected.)

———— ○ ————

The cure of tuberculosis depends more on what the patient has in his head than on what he has in his chest. - Sir William Osler

Dear Mary and Peter,

Perhaps this isn't just cricket to give Dr. Schaper away, for we suspect that he hasn't written you yet that he has been sharing a part of your letters with us. He began to tell us about you and your - to us - strange England soon after we acquired our own radio station within the tuberculosis hospital. When we began to show a real interest in his travel talks, and since we were so interested in the European picture, he decided to share you with us.

We thoroughly enjoy what he reads to us of your letters. It is quite unique to get news we know is authentic from within England. Of course our newspapers are not censored, but we often feel that the material is inadequate and too highly technical. It is a real opportunity to get personal news, for it more clearly shows the heart and mind of the people themselves.

Strangely enough, or perhaps naturally enough, we have come to be far more interested in you as individuals than as sources of news. We say, quite as if we had known you for years, "Isn't that like Peter?", or "That sounds just like Mary." We follow your adventures with keen interest, and look forward to each weekly broadcast, hoping there will be another letter and we may hear another episode in the lives of Mary, Peter and Mary Jan.

We hope you may be surprised and pleased to know that you have approximately five hundred unexpected friends and well wishers in America.

Sincerely,

The Patients (by N.J.)

CONTENTMENT

"Let us learn to be content with what we have. Let us get rid of our false estimates, set up all the higher ideals - a quiet home; vines of our own planting; a few books full of the inspiration of a genius; a few friends worthy of being loved and able to love us in return; a hundred innocent pleasures that bring no pain or remorse; a devotion to the right that will never swerve; a simple religion empty of all bigotry, full of trust and hope and love - and to such a philosophy this world will give up all the empty joy it has." -- David Swing

The above quotation, which we obtained under false pretenses, is one of Dr. Schaper's favorite bits of philosophy. It was cut out of a newspaper by him thirty years ago and has never been forgotten.

We're not sure whether Mr. Swing was his inspiration or if Dr. Schaper, by some uncanny method of thought transference, managed to influence the writing of this illustrious philosopher. Whether the philosophy represents the man or the life of the man epitomizes the philosophy, we present it to CLARION readers as a way of living that has not only been aspired to, but achieved.

BOOK NOOK

GENEROUS RESPONSE CREATES LIBRARY HOUSING PROBLEM

While we were living the hectic, busy lives that are characteristic of this civilization we were perhaps justified to some extent in protesting that our daily routine allowed us no time for reading. Now that our days are devoted principally to not being busy, we are able to take advantage of the opportunity that is presented to catch up on our reading that has been postponed for such a long time. That is probably our biggest compensation for having to take the cure - if we are prevented from all forms of physical exercise, we are still allowed to read, one of the truly great privileges of man.

Although most of us have been aware of this privilege, until recently we have been handicapped by an almost complete dearth of reading material available to the patients. Our library has consisted of a meagre number of discarded books, mostly novels, with perhaps a dozen that would appeal to the discriminating reader. For a group of four hundred patients this has been, to say the least, inadequate.

In the December issue of The CLARION an appeal was made for more and better books. Personal appeals have also been made, principally by Dr. Schaper. The results have been so gratifying that we appear to be well on the road toward establishing a library of which we may be proud.

We wish to express our appreciation to those who responded so readily to our requests for books, particularly to Father Joseph Clark and the University of San Francisco, who sent us approximately two hundred volumes of many kinds of literature. Included in this collection are 24 volumes of the Encyclopaedia Britannica, 9th edition; 10 volumes of the Americanized Encyclopaedia; complete sets of Dickens and Bulwer-Lytton, and many other books representing some of the world's best authors.

Now we find ourselves faced with a library housing problem. We hope to be able to get a separate room and have a sufficient number of shelves made so that we can not only adequately place what books we have, but have space for a great many more. Until this is accomplished it will be difficult for Mrs. Julian to systematize the library so that every book will be available to the patients at large. Meanwhile, we shall continue to list incoming books in The CLARION, and an earnest attempt will be made to fill requests from the patients.

As The CLARION and the idea for a real library were born at approximately the same time, and as the main purpose of each is to aid the patients both directly and indirectly, we feel that their growth should and will be simultaneous. We hope the time is not too far distant when not a single patient in our hospital will find it necessary to abstain from reading for lack of material.

— K. M.

BOOKS RECEIVED

(Because of lack of space the following is only a partial list of books received. We have tried to make it as representative as possible.)

FICTION

A Great Lord - Paul Frischauer

A Tramp Abroad - Mark Twain

Bridge of San Luis Rey - Thornton Wilder

Coronet - Manuel Komroff

Don Quixote - Cervantes

Gulliver's Travels - Jonathan Swift

His Last Bow - A. Conan Doyle

International Short Stories

Ivanhoe - Walter Scott

Seasoned Timber - Dorothy Canfield

Stories by American Authors - 6 vols.

Stories by English Authors - 8 vols.

Stories by Foreign Authors - 6 vols.

Stories by O'Henry - 6 vols.

Stories by Rudyard Kipling - 6 vols.

Tess of the D'Urbervilles - Thomas Hardy

The Mad Carews - Martha Ostenso

The Red Lamp - Mary Roberts Rinehart

The Return of the Native - Thomas Hardy

The Seven Who Fled - Frederic Prokosch

With Malice Toward Some - Margaret Halsey

Works of Bulwer-Lytton
" " Cooper
" " Charles Dickens
" " Ralph Waldo Emerson
" " Washington Irving

World's Best 100 Detective Stories -5 vols.

NON-FICTION

Biography

Grant - William C. Church

Lee The American - Bradford

Lincoln's Own Stories - Anthony Gross

Stonewall Jackson - Allen Tate

The Pioneer Photographer - Jackson-Driggs

Miscellaneous

American Encyclopaedia - 10 vols.

Books of the Country Side - Duncan (Nature Study)

Education - Herbert Spencer

Encyclopaedia Britannica - 24 vols. 9th edition

From Spanish Trenches - Satters

High School Self Taught

Library of the World's Best Literature 44 vols.

Men Must Act - Lewis Mumford

Men Who Lead Labor - Minton & Stuart

Milton's Poetical Works

Mornings in Florence - John Ruskin

Moore's Poetical Works

Nations of the World - 50 vols. (History)

Our Medicine Men - Paul De Kruif

Stoddard's Lectures - 14 vols.

Travels in the Congo - Andre Gide

Wonders of Science in Modern Life - 10 vols.

Worlds Greatest Books - 21 vols.

PEAKS OF SHALA, Rose Wilder Lane

Peaks of Shala is an unusual travelogue, partly because it takes one into a seldom described country, but mostly because of the adventurous nature of the author-heroine, who thoroughly enjoys herself in this rough country.

Mrs. Lane gives the reader a very thorough knowledge of Northern Albanian traditions and local customs through her many mix-ups with tribal etiquette. The unforgivable Albanian sin is to do other than the Albanian does. This is a real problem to a traveler for Albanians have a strange indifference to food and comfort.

The natives are heavily armed shepherds for the most part, and travel at the risk of their lives. No man is safe outside of his own region without the company of a woman. This in itself leads Mrs. Lane into high adventure when a guide takes her many miles out of their way through his enemies' village just for a joke. Unbelievable as it may seem, these fierce people are devout Christians, highly cultured, and yet they will tell you very seriously of their encounters with driads.

Many generations ago the oppressed peoples of Europe fled to these high mountain fastnesses, bringing with them strange customs that have remained unchanged from medieval times. Their harsh laws and codes have led to the often mentioned relentless blood feuds that have made the Balkans the hot bed of European politics.

Mrs. Lane does not attempt to untangle the Balkan situation, but makes it very understandable through contact with the people themselves and their everyday way of life. This book, written some time ago, has a peculiar timeliness and is invaluable for a clearer understanding of the recent Albanian tragedy.

To savor "Peaks of Shala" to the full, the reader would do well to heed Mrs. Lane: "I would not have this book considered too seriously. It should be read as the adventures in it were lived, with a carelessly curious mind, a taste for strange peoples and unknown trails, and a delight in the unexpected."

-- Reviewed by Norma Johnson

WITH MALICE TOWARD SOME, Margaret Halsey

This is an entertaining and enjoyable book full of wit and humor. It is in the form of a diary written by the wife of an American professor who spends one year at a small college in Devonshire, England. It is an account of their travels through the Scandinavian countries during the summer, but mostly it is about English people, places and incidents that occur during one year in a strange country.

England, Margaret Halsey says, is a beautiful country with green hills and lovely gardens, but the climate is uncomfortable and the food is unappetizing. The people are sometimes queer and unfriendly, but they have made the art of conversation into so effective a pattern of small talk that gatherings in dining rooms and drawing rooms automatically take care of themselves. The men are all gentlemen. The women are badly dressed. They wear dresses that hang on them like sacks and hats that look as if they had been dropped from the ceiling and left to sit in the same position in which they fell.

The author's style is amusing, but there is so much wit in every sentence that after awhile it becomes monotonous. Nevertheless the result is enjoyable, as may be seen from this typical sentence: "The Warden has what, with a little cultivation, would be a one-track mind, and she hammered away at Lord Minturn until there was nothing left of him but shredded pulp."

-- Reviewed by Helen White

billy the bee

When I finished reading the first issue of The CLARION, I had the ambition not unmixed with conceit to write an Epic poem for the edification of the Children's Ward. Now I have not the least idea as to what constitutes an Epic but I imagine it is some punkins. Anyway, my effort commenced thusly:

"Now, this is the story of Billy the Bee,
Who lived in a hive 'way up in a tree."

Now when (and if) this was completed, I intended sending it to my friend Mrs. Julian with a letter saying: ".....and you may find this worth while to place on the Children's Page where the little darlings may read and be greatly edified by the moral it paints.... Should you deem it unworthy of publication, please return the manuscript and I will send it to ATLANTIC or SCRIBNERS." But of course Mrs. Julian wouldn't think of losing such a fine example of great literature, and to make a long story short I would soon be regarded as another Eugene Field.

However, as daydreaming comes easier than shoving a pencil across paper, the job was not completed. The very fact that I contemplated such a piece of versifying shows that my heart is in the right place, even if I can't find an unbroken pencil when the Muse whispers.

The general idea was to tell all about this guy Billy the Bee, who is supposed to be quite a night-owl (for a bee) and as a result was stricken with an illness which entailed a long convalescence. (The fact that my little readers were to infer that the illness was Tb. and also that as far as I know bees do not develop Tb. bothered my conscience not at all. Anyway, Tb. rhymes with bee.)

This Billy chap was supposed to gad about to the detriment of his health, all the while ignoring well meant advice of his many bee pals to take it easy.

"For flying around, huh! he'd buzz where he please,
And whoever said 'No' was a big piece of cheese."

From then on I kind of wandered away from the job. Thanksgiving came, and then Christmas, and I fell in love, and one thing or another - but one point was certain in my mind, i.e. Billy drank. I got that in and thus fixed him good and plenty!

"For Billy was stubborn and wouldn't see sense,
And thought that with nectar he couldn't dispense."

(Well, you can't have a bee toddling into a bar even if it says BEE TAVERN and ordering a double scotch, can you?)

I got in a few more lines stressing the idea that this bee was not a gentleman, but as I wrote I became more and more enmeshed in the coils of my own imagination. For instance, a bee in his cups is hardly fit to buzz around a Children's Page. Then again I had gradually but definitely to pull this buzzing bug out of his health-breaking activities; make him see the error of his ways; have a diagnosis made, treatment indicated, and put him to bed.

Above all, I had to indicate strongly the effect of the illness on Billy's mental attitude; that he took the pledge, stayed in bed, got well, and finally became a big strong bee again with his eye on the future and the maintenance of his health.

Now I wanted a child as he read these verses to ponder them in his mind and say to himself, "What a bee can do, I can do!"

Well, the job was just too much for me, and anyway on second thought the Kids (the sweet angelic little things) might have read it and said, "Aw, nuts!"

— Don McCormac

fragments: IV

Now it is dawn.

The first silvergrey
of the morning whispers into the room.
The flowered wallpaper moves in on us
and stands solidly fixed, weighting us down
with forbidding heaviness.
I wake in the morning
remembering dreams dreamt during the dying
minutes of night. Last night I dreamt:
we stood silently over the water
throwing empty whiskey bottles
into the slowmoving current.
the sun breaking bleak
through warmcolored clouds whipped by the wind.
the sun bright on the water
and cold. cold as our insides. cold
as our love. cold
as the sun is cold when the sun is cold.
you spoke empty words
splashing like empty bottles on a slowmoving current.
empty words floating away like
empty whiskey bottles making no sense.
empty words meaningless like hoarded bottles
splashing futilely on the flowing water.
empty and cold.

Empty and cold I woke.
Always it is like this in the morning. Always
when I wake there is this feeling
of binding narrowness, of horizon's tightening shackles
being drawn about me. Always in the morning
I have this feeling. The sound of others
stirring and the grinding rasp of wheeled vehicles
and water flushing away the past day's excrements.
The sullen dawnsounds nail me helplessly down
to suffer the sharp probing of scalpeled light
among the cool sanctuary of escaped emotions.

the mind wandering speechless
without speech the mind wandering
dark the labyrinthian skeleton
the corridors of sanity.....
the atramentous solitude, the mind tortured
the body wracked, soundless screams
the groping with handless armstumps
the crawling with footless legstumps
this is sanity
sanity is this.....

-- Eddie Shimano

(excerpt from long poem
HEARTS THE YEARS AT LENGTH ANNEAL
still in preparation)

yet they endure

On - on and on - endlessly, would they never stop, would they never let him think! That light - the noise - the eyes staring, staring, staring! How many times already he had told himself he could stand it no longer, but you do not die of fright so easily. Oh, no! It's true that after awhile your body ceases to feel pain, or heat, or cold, but your mind knows what your flesh can no longer tell you.

He did not seem to protest, but then he knew he dare not. Wasn't that what they wanted? What new tortures they would torture him with; and how gleefully they would relish a sign of weakness.

Questions - questions. Questions that he couldn't pin his mind on. How could he think, how could he evade their implication?

Worst of all was Heinrich. Heinrich had been his friend, and then he heard that Heinrich had given his name. Heinrich had turned in a report. Out of all those eyes it was Heinrich's that burned the brightest, and he who drove him hardest. No wonder his answers were wrong, that he was easily led to say the very things they wanted to hear.

Let them pound him, tear his clothes; it didn't matter any longer. This physical torment wasn't so bad as what had gone before, and he knew it was nearing an end. One can only stand so much.

At least now he was away from the eyes, and laughter and jeers of the crowd. Humiliation does something to your soul; you can't stand up under it. If only they would not collect in groups and follow after him whispering, pointing, prodding, calling to more and more people to witness his misery. A few eyes looked at him pityingly but they were too few, and somehow they hurt more than the derision.

He was getting tired now, so tired. Voices seemed far away and unintelligible. Now it was suddenly silent. It was so sudden that it fell heavier on his ears than a clap of thunder. What was happening? What had he said? Why hadn't he kept his mind, no matter how hard the effort, on what they were asking him? Now that it was so nearly over it suddenly mattered terribly again.

Rough hands grabbed him, and Heinrich came slowly forward with a black cloth. That was the last thing he saw before they blindfolded him. Those eyes of Heinrich, they glowed with untold gloating that struck terror into his heart. He was trembling now; he mustn't tremble. They mustn't know he was afraid.

Steps now - up, up and up. It's hard to walk when your knees are stiff from the effort to stop their shaking. They pulled him to a halt, else he would have gone on like a robot.

The floor beneath his feet was springy - a trap door. So that was what it was to be. He had wondered about it. At first it had seemed important but not any longer; just to have this over. The rope was rough around his neck. They seemed to have forgotten their roles as torturers, for they did not let him think for long.

The floor swayed for a second. His toes pressed hard to find security, but the effort only sent him more quickly on his way. How horrible is that first taste of emptiness beneath your feet! He felt his heart trying to tear its way through his chest, and things grew bright from the blood that rushed up behind his eyes.

It was over now, and as it flashed through his mind it lost its element of horror. He was proud; proud that he hadn't given in. Proud of the ideas and ideals that had brought all of this on him.

They all began shouting like devils again. They rushed forward and pulled him out of the net. They took the rope from his neck and wrists. How good their laughter sounded now. Funny how he could feel it reach out and include him. They all kept shouting and singing. Made a guy feel pretty swell and important.

Then Heinrich came and pinned the fraternity pin on him. He was really a Kappa Sigma Zo at last. Heinrich looked just as pleased and excited as he was. Good old Heinrich.

Isn't it crazy how a guy's mind wanders? After waiting, working and planning for this chance, here he was thinking of next year. He'd have to remember to tell Heinrich the swell ideas he had on hazing. Made this stuff look sissy. Just wait till he had his chance next year!

-- Norma Johnson

After some research and considerable thought, we believe we have succeeded in answering the question asked by The Arroyan regarding the proper method to be used by a doctor doctoring a doctor:

If, when a doctor is doctoring a doctor, the doctor who is being doctored is a good doctor, the doctor doing the doctoring will not have to doctor the doctor the way the doctor being doctored wants to be doctored, but the doctor doctoring the doctor will be allowed to doctor the doctor in his own way.

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

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Published by the patients of the Tuberculosis Division of the San Francisco Hospital and the Hassler Health Home.

Editorial and business offices at
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San Francisco, California

the wreck of

with story by Leon Bradley and

Oh, sing me a song of a tropical isle,
Somewhere in the southern seas;
Beyond sorrow's reach, where a sandy beach
Is caressed by a gentle breeze.
Where birds with multi colors
Sing and cry among the trees;
And fragrant flowers washed by the showers
Whisper to the butterflies and the bees.

Now there was a lad that would sit and dream
Of a palm fringed coral isle;
So one fine day he sailed away
To give his dreams a trial.
With tears and pleas his mother tried
To persuade him of the loss
To her he'd be if he went to sea
On the old ship Amy Ross.

He loved the ship and the merry crew,
And the feel of the surging sea;
The taste of the spray and the sailors' way
O' happiness, they were so free.
The roll o' the ship as he walked the deck,
And to feel her heave and toss;
But he rued the day he sailed away
On the old ship Amy Ross.

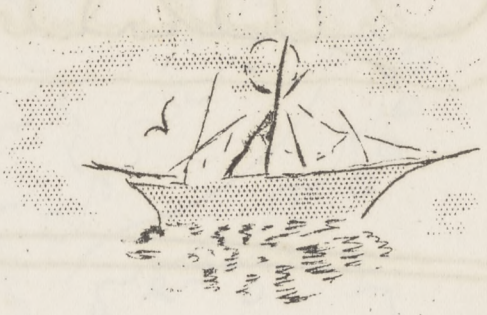
Thru lazy days o'er a glassy sea,
The ship sailed on and on;
O'er the salty brine they crossed the line
Where mermaids basked in the sun;
And sirens sing o' love that's sweet
To sailors who go to sea;
And flying fish, before the gentle swish
O' the waves, skipped with glee

Oh, the magic of a tropical night
By the throne o' King Neptune
With the flap o' the sail, neath the pale
Light of a silver moon. (isle
Before a fragrant breeze from some enchanted
She calmly made her way
Neath the Southern Cross sailed the Amy Ross
Each soft night and fair day.

Alas, a sunrise in a crimson sky
And the sea began to toss;
When at eventide on the sta'board side
O'er the waves came an albatross;
And it flew straight aboard her
Like a spectral in the fading light,
For to the sailor men this ill omen
Forbode an evil night.

the amy ross

illustrations by Dorothea Kuhn



With the darkness came black clouds
That quickly hid the moon;
The wind blowed and the elements showed
That a storm was brewing soon.
Then the albatross it flew away (men;
As tho' it had doomed the ship and the
And the rain poured and waves roared
As the ship ran before the wind.

She plowed thru' the tempest
And the seas broke o'er her deck;
Her timbers creaked and her hull leaked,
They feared she was going to wreck.
Every man secretly prayed Heaven
To see them safely through (reef
When with a grinding beneath, she struck a
And her hull broke clean in two.

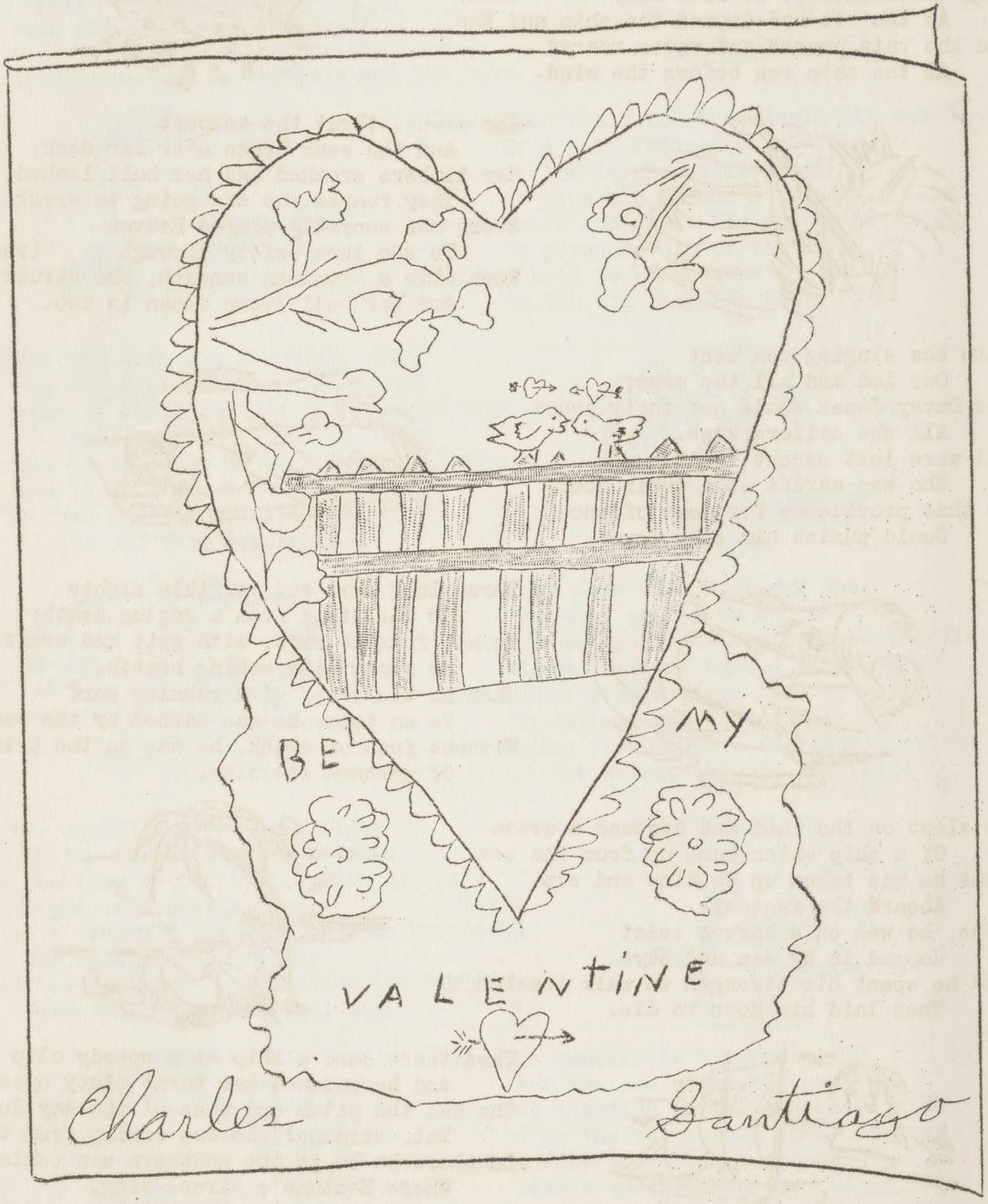
Into the singing sea went
Our lad and all the crew;
And Davey Jones would get their bones
All the sailors knew.
All were lost except the lad
Who was adrift on a cabin door,
So that providence for some offence
Could punish him some more.

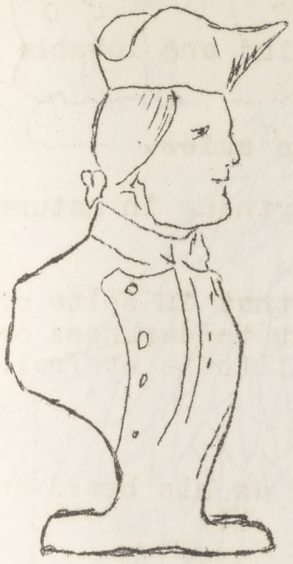
Three long days and terrible nights
He was staid from a raging death;
To his fragile raft, with grit and craft
He clung with ebbing breath.
Then on the crest of a running surf
To an isle, he was dashed by the sea;
Without food or drink, he was on the brink
Of unknown eternity.

He slept on the sand and dreamed a dream
Of a ship which came up from the sea;
That he was taken up to dine and sup
Aboard the fantasy.
Alas, he was on a barren islet
Hemmed in by sea and sky;
And he spent his strength to walk its length
Then laid him down to die.

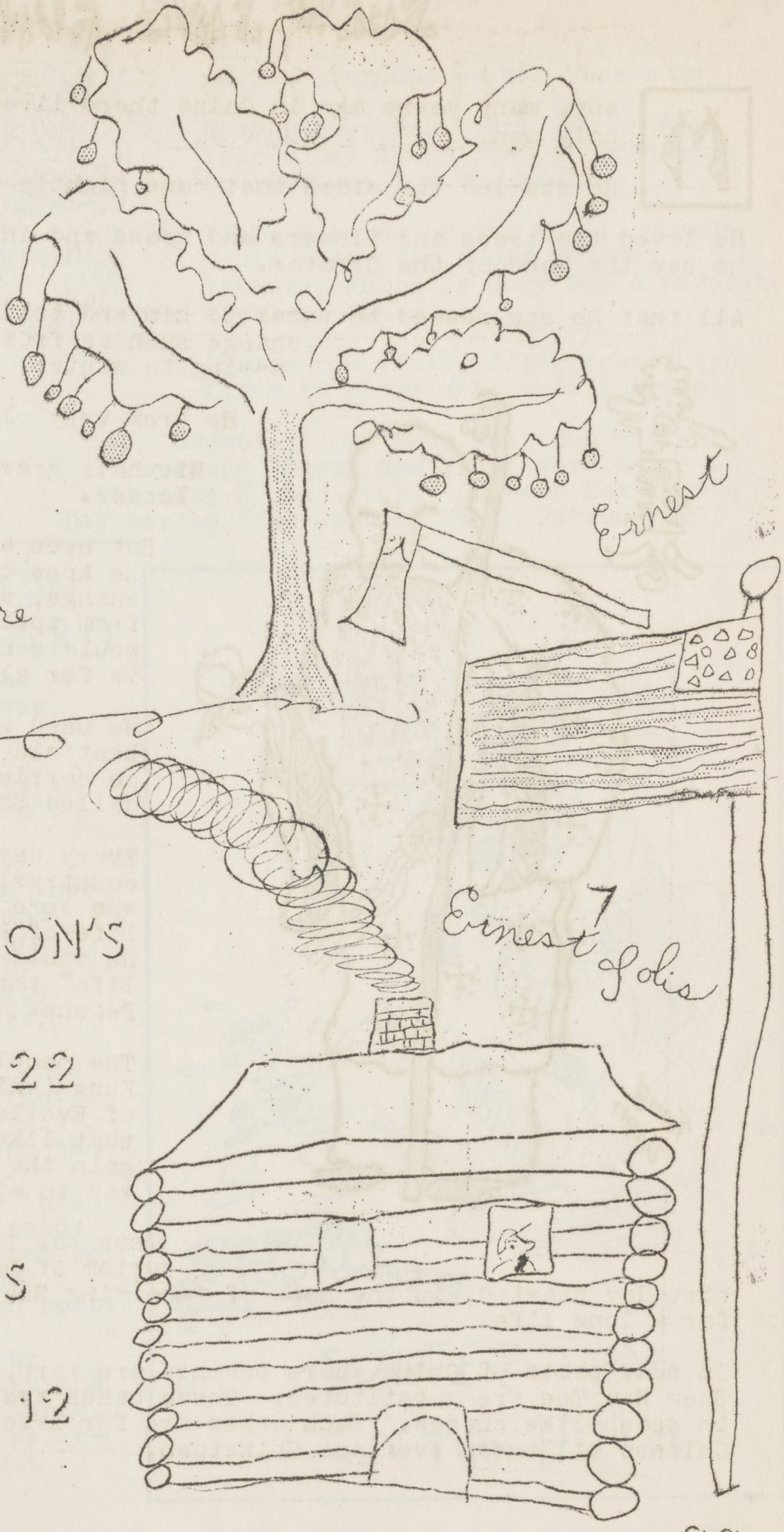
Then there came a ship at a speedy clip
And he watched her thru' misty eyes;
She had the pitch and toss o' the Amy Ross,
But, strange! she was coming from the
So there he be in the southern sea (skies.
Where Neptune's sirens sing,
By a still lagoon 'neath a yellow moon
With wild sea birds on the wing.

CHILDREN'S CORNER





Manuel Barallobre
age 11



GEORGE
WASHINGTON'S
BIRTHDAY
FEBRUARY 22

ABRAHAM
LINCOLN'S
BIRTHDAY
FEBRUARY 12

SHEW SING KUNG

Many, many years ago in China there lived a kind and lovable holy man.

He studied the stars that came nightly to the skies.

He loved the trees and flowers and grass and in everything in nature he saw the hand of the Creator.

All that he saw seemed to speak to him and tell him that in spite of change such as from light to darkness or spring to winter, that life is eternal.

He grew very old.

His hair grew less as his beard grew longer.

But even as age crept upon him, he knew that this was but a change, as the seasons change from spring to winter, and spring would come again, even as life is for always and always.

He used a staff to support his bent old body, and in his hand he carried the Peaches of Life called Shew How.

Every day, he went about the countryside in search of persons who were known to have lived a life of kind deeds and upon them he would bestow "everlasting life" through the Shew How Peaches of Life.

The people called him Shew Sing Kung (which means "The Holy Man of Everlasting Life") and prayed that like him, they too might gain the wisdom that points the way to eternal life.

Thus was the ancient Chinese custom of eating peaches on one's birthday started, in the hope of receiving Shew Sing Kung's blessing for a long life.

In some parts of China where peaches are rare, "Life Peach Cakes" or Shew How Tee are substituted. These cakes are made of dough and baked in peach-like shapes. Such cakes are for sale at all times in all Chinese villages, even our Chinatown.

-- Wing Jong Yip

This is a picture of Suey See, the "Lucky Lion" who comes out of hibernation every Chinese New Year's Day.

Having Suey See visit you on New Year's Day is an omen of good luck and fortune for the year.

To be assured of its visit, people would hang over their doorway lettuce, which is Suey See's favorite dish.

During his visit, firecrackers are fired to scare away evil spirits.

Greetings of "Kung Hall Sun Hay" meaning "Happy New Year" were heard on February 8 this year. Chinese New Year's Day varies from January 20 to February 20.

OVERHEARD: ON THE BOYS' WARD

Carl, age 4, asking the nurse for something, was answered with: "I'll consider it."
Consider was a new word to Carl. He said: "I don't speak Spanish."

○

Robert, age 7, reading the story of King Arthur and his Knights of the Round Table, was entranced by the language, especially the old form of address, "thou."
He discussed this with his father who explained that "thou" was merely the old form of "you" and meant the same thing.
Robert meditated over this for a while and then said: "I suppose if you wanted to call anybody names then, you'd have said, 'thou boob!"

○

Ernest, age 7, told the nurse that he could use the word "sweet" in a sentence. When asked to do so, he replied: "I have a sweet heart."

WINTER TIME ON THE H.H.H.

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

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San Francisco
DEPARTMENT of PUBLIC HEALTH

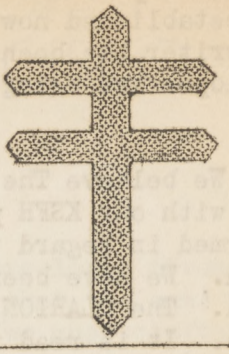
Medical School L...
APR 9 1940

The CLARION

San Francisco Hospital
Tuberculosis Division

MARCH 1940

The CLARION



San Francisco Hospital
Tuberculosis Division
&
Hassler Health Home

VOLUME I | MARCH 1940 | NUMBER 3

UP THROUGH TRIBULATION

By E. A. SCHAPER, M. D.

About the middle of February the second number of The CLARION was distributed and to the delight of the editorial staff was as enthusiastically received as the first number. Most of our readers thought the February number better than the first; some thought it didn't contain enough medical material, while others believed it to be a little too "highbrow" in spots. These criticisms and suggestions are welcomed, and our readers are encouraged to be frank in telling us just what they think of our publication so that we may make it as nearly what they wish it to be as possible.

We are unique in not having any very definite financial policy, although we realize fully that a magazine such as The CLARION cannot be produced by magic. Realizing that money was necessary to pay for paper and other supplies, the patients and employees of the hospital were very generous in their contributions with the result that we received more than enough to pay for this number. We wish to thank all the friends of The CLARION who helped us financially, by literary contributions, or by moral support, to get this number into your hands.

We especially mention Frank Argall and staff, of the E.E.P., who did such an excellent job of mimeographing The CLARION, and extend our heartfelt thanks to them.

For special help our thanks also go to Mr. S.I.Wormser, Mrs. Donna McKeage, and Doctors Eloesser, Shipman, Becker and Wilbor. Their donations not only help our financial situation, but tend to increase the confidence of the editorial staff.

The San Francisco Tuberculosis Association is one of our best friends. It has not only helped us before in many ways, but has now voted us one hundred dollars, twenty-five dollars to be given us every three months, toward the support of The CLARION. We wish to express to them our thanks and gratitude for this demonstration of confidence and approval of The CLARION.

In the March 3 issue of The Chronicle, Joseph Henry Jackson, literary editor of that paper, devoted a column to congratulating the patients on The CLARION, giving particular mention to The CLARION's associate editor Harvey Hansen's article, "Like What You Like." Mr. Jackson's remarks were not only gratifying, but also encouraging even though they place on us the onus of a professional standard.

Our hospital magazine has come up through much tribulation, and is the result

of the deep interest and work of our patients and the friends of our hospital. We are established now as a going concern. We have an office on Ward 20; a second-hand typewriter has been purchased, and a bank account has been opened. Letterheads and envelopes are being ordered, and we are definitely launched on the ocean of journalism.

We believe The CLARION fills a long felt need. This publication, in conjunction with our KSFH programs, will make our patient population one of the best informed in regard to the prevention and treatment of tuberculosis of any in the world. We have been placed on the exchange list of many other hospitals and sanatoria. The CLARION has gone to England, Africa, and to most of the states in the Union. It is read from cover to cover by each patient, his friends and relatives. Many are mailed to other interested people.

It should grow and prosper as the months go by and serve a very useful place for years to come in the fight for the eradication of a disease which takes the lives of more young people, and causes more economic loss to the community than any other.

O

COURTESY

Courtesy is probably the easiest habit in the world to acquire, but the one against which we struggle the hardest. Its lack is such a human failing that we're often not conscious of the fact that we do not possess it. Very few of us are given to honest self analysis - we're willing to admit that our neighbor has obnoxious manners; that he does discourteous things; that many of his ways rasp our nerves raw - but we have none of these faults.

We may have the mistaken idea that courtesy and good manners are a weakness and that politeness is an affectation. Often courtesy requires a great deal more courage than the opposite course. If those about you are boorish and ill mannered you may, albeit unconsciously, adopt their ill manners and boorishness as your own mode of conduct. If these inclinations can be overcome, if even in the face of ridicule you can still practice courtesy, it is certainly an indication of strength of character rather than weakness.

During a period of long illness, such as ours, it's exceptionally easy to feel abused; to feel that the world has given us a very bad deal and that those who administer to us plan ways to bedevil us. If we go back to the self analysis - honest self analysis - we know this is not true. We're undoubtedly much less abused than we imagine. Countless people in the world have much less than we have. Certainly those who care for us must at times show infinite patience. We have the absolute necessities in greater quantity than most. Our life is reduced to utter simplicity. Certainly these things should not cause a perpetual grumble.

The successful salesman knows the value of courtesy. Each of us has a selling job to do - the job of selling ourselves to ward-mates and employees. Of course the employees of this institution are paid to care for our needs, but whether you approach employee or patient, any request that is prefixed by a "please" and draws a "thank you" when granted becomes a pleasure rather than a task. This is not a suggestion that the Alphonse and Gaston politeness be used. Just adopt the plain common garden variety.

We might even approach this matter of courtesy from a purely selfish angle - using it merely as a means of getting the things we want. But be forewarned. If you practice it, it becomes a habit - a dividend paying habit. There's something insidious and irresistible about "please" and "thank you." They get you.

-- H. H.

PUBLIC HEALTH ASPECT OF TUBERCULOSIS IN SAN FRANCISCO

By GEORGE H. BECKER, M. D., Director,
Bureau of Communicable Diseases

Although it is general knowledge that the ravages of tuberculosis throughout these United States have declined, and although we know that the same decline has been reflected in San Francisco, nevertheless we must constantly remind ourselves that the disease is by no means eradicated. Any of the acute diseases which assume epidemic proportions are apt to attract the thought and attention of our physicians and health authorities, as well as our citizens, while the commonplace tuberculosis continues to kill and maim without much reaction on our part.

In San Francisco the control of tuberculosis is a responsibility of the Bureau of Communicable Diseases in the Department of Public Health. We endeavor to regulate the prevention and control of tuberculosis, as well as the care of patients in the clinics, hospitals and homes. Originally a diagnostic service only, it has expanded to include the field work necessary to prevent relapsing.

To review the story of tuberculosis in this city, indeed sufficient cause for pride, we note that in 1900, when the city had a population of less than half as great as now, the death rate from tuberculosis reached its peak, with 330 deaths per hundred thousand population. This was the highest death rate of any large city in the nation. This rate had apparently increased over many years as searching the earliest records shows that from 1865 to 1875, with the population between one hundred thousand and two hundred thousand, an average rate of 280 deaths per hundred thousand persons prevailed. With increased knowledge and more accurate diagnosis the rate curve mounted in those early years, with probably no actual increase in the prevalence of the disease. Surveying the figures we find a continuous decline in the tuberculosis death rate from 330 in 1900 to about 50 in the last years.

In dealing with the tuberculosis problem in any community the four important words are (1) find; (2) isolate; (3) treat; and (4) rehabilitate. In the early years, say until 1900, it was only the first word, "find", which had any significance for the workers in the problem. When the case was diagnosed it was immediately placed in the old City and County Hospital with every other type of disease. It was George H. Evans who, in 1901, caused the erection of some portable election booths on the old hospital grounds to care for San Francisco's tuberculous. This marked the beginning of the recognition of the second important factor in solving this problem, namely, isolation. In 1906, following the fire and earthquake catastrophe, the general unsanitary conditions of the old hospital grounds and the prevalence of the plague in the city caused the buildings to be burned. The tuberculous patients were then removed to the remodeled stable at the old Ingleside race track. This building was, of course, not heated, ventilated, or even rain proof, as the roof was as dilapidated as the rest of the structure. It is interesting to note that about this time, following the earthquake and fire and the transfer of the patients to the race track, the death rate dropped approximately from 309 to 209, or 100 points in one year.

In about 1908 some wooden shacks were constructed on the site of our present Isolation Hospital. These resembled the well remembered refugee shacks of the 1906 disaster period. These served until 1919 when our present Tuberculosis Hospital was

completed, which, with the addition of four wards, has served us very well ever since. The Hassler Health Home was added to the program in 1927. The present hospital is a fitting recognition of the community's responsibility in this matter. Although caution should be used in drawing conclusions from death rates of communities, and although tuberculosis has declined everywhere to the extent that it has dropped from the leading cause of death to that of seventh place, nevertheless we may safely assume that during the period from 1900 to 1940 when the death rate from tuberculosis in San Francisco dropped from 330 to 50 per hundred thousand it has not been due entirely to the much advertised California climate. We feel that the e efforts of such organized workers as the San Francisco Tuberculosis Association and the Department of Public Health, ably assisted by the medical profession, have undoubtedly contributed much to the solution of this problem.

During recent years the third word, "treat", has become emphasized with the advent of collapse therapy and the remarkable medical staffs recruited from the University medical schools. The patients today at the San Francisco Hospital are perhaps receiving as fine treatment as found anywhere in the world. As we have advanced our epidemiological viewpoint relative to this disease, our case finding records have improved greatly with the passing years. Since the original Chest Clinics were started in 1909 through the efforts of the San Francisco Tuberculosis Association at the Telegraph Hill Neighborhood House, we have gone far. This original clinic was soon moved to Jackson Street. In 1915 the Stanford work was transferred to Lane Hospital, and in 1919 the University of California service was moved to the University Hospital. About 1916 a clinic was opened in the Mission District. In 1921 the work of the Tuberculosis Clinic was taken over by the Department of Public Health. The tuberculosis death rate in San Francisco at that time had been decreased to 123, while the national death rate was only 99. The Chest Clinics now operated under the supervision of the Department of Public Health are four in number, situated at Lane Hospital, the University of California Hospital, Mt. Zion Hospital and the San Francisco Tuberculosis Hospital. The attendance of these clinics has steadily increased as the result of greater public health endeavors. In 1909 when the first clinic was opened at the Telegraph Hill Neighborhood House the records indicate 346 patients were enrolled with an attendance of 1,599. This has gradually increased until, in 1915, 926 patients were examined with an attendance of 4,490. In 1921 when the Health Department took charge 1,854 new patients were seen with an attendance of 5,704. Thus the usefulness of the Chest Clinics steadily increased until last year over twenty thousand visits were made in the San Francisco Hospital Chest Clinic, and three thousand more visits made at the several other clinics.

It is interesting to note that although the number of cases of tuberculosis reported in the past few years has declined, as have the deaths, nevertheless the number of patients attending chest clinics has steadily increased. This is probably the result of our greater case-finding activity in the schools, early diagnosis and assembling the contacts for examination, as well as the economic urge toward more free care.

The Department of Public Health rates tuberculosis as just another communicable disease. True, it has certain epidemiological peculiarities, such as a prolonged incubation period and an obscure immunology, but certain recognized principles of contagious disease control are applicable. Such well established measures as finding and isolating the case, finding and eliminating the source, ferreting out carriers, and locating, isolating and observing the contacts are all sound public health procedures. The success of any program depends upon the early reporting by the physicians. Reporting is the cornerstone of the entire tuberculosis control problem. The profession in San Francisco has always been very cooperative. As the problem of tuberculosis narrows down to early case finding the physician's partici-

pation becomes relatively more important. As you know, for each death many other cases exist.

The city is now covered by about one hundred field nurses, some of whom devote all of their time to tuberculosis work. Contacts are searched out and sent to their private physicians or to the chest clinic for examination. Many cases are found by the private practitioners themselves and sent out to the San Francisco Tuberculosis Hospital. Tuberculosis and skin-testing campaigns are constantly going on in the schools and many cases are found by this procedure. All known contacts are tuberculin tested and their chests x-rayed whenever indicated. Throughout every endeavor the personal relationship of the physician and patient is never disturbed. The Department of Public Health is never in competition with physicians, x-ray establishments or general laboratories. We endeavor to cooperate in every way and assist the physician in handling the case. All patients admitted to the hospital are first carefully investigated by our Social Service Department, and a sincere effort is made to keep those who can afford private care out of our County Hospital. The isolation and treatment of our tuberculous is done at the San Francisco Hospital, where we care for 420 adults and 80 children, and at the Hassler Health Home, where 100 adult patients are accomodated. As most of you know, the present quarters are terribly crowded. We are actually caring for 500 patients in the San Francisco Tuberculosis Hospital in the accomodations which were intended to house about 350. This crowded condition is, of course, very inimical to satisfactory and scientific medical care. It also puts a terrific burden upon the visiting physicians who must work under such unfavorable conditions.

The immediate future holds much in store for improvement in the control of tuberculosis in San Francisco. The contemplated conditions at the Hassler Health Home have been eagerly looked forward to for several years. These buildings are actually taking form and will, we trust, be ready for occupancy by this July. With the additional wards planned and now under construction, the bed problem for the tuberculosis patient will be solved, and the standard of two beds for each death will almost be reached. The children's building will house 50 children. The new wards will accomodate and provide adequate space for 175 more patients. With the 100 patients now under treatment at Hassler, we will have a capacity equal to our problem for some time to come. The over crowded conditions at the San Francisco Hospital will be remedied by decreasing its present population in proportion. Thus we will have about 700 beds for the care of the tuberculous in San Francisco. This is still short of the ideal, but nevertheless is fast approaching it.

The vast burden on our taxpayers caused by tuberculosis is perhaps better appreciated when we realize that of the total number of hospital beds provided at City expense last year 41% were for patients suffering from tuberculosis. The economic value of preventive work in reducing the number of persons requiring hospital care cannot be over-estimated when we consider the hospital costs. The average cost of treating a case of tuberculosis in our institutions is about $1,000.00 per year. Therefore the patients now receiving care in the Tuberculosis Hospital cost the City and County of San Francisco 600 times $1,000.00, or $600,000.00 each year.

At the San Francisco Hospital we admit and discharge about 75 patients a month or some 900 a year. Of this number 25% are re-admitted and 25% are discharged as "terminal" cases. Someone has estimated that it costs any community about $4,000.00 for each case of tuberculosis. This of course includes not only the cost of the patient's care but also the loss of wages, the support of families, the follow-up work, etc. If that be true, since we admit about 900 cases yearly it costs the community of San Francisco 900 times $4,000.00, or $3,600,000.00 for the group we admit in one year, to say nothing about the several thousand other cases in the city

under treatment.

I mentioned the term "rehabilitation" as being of importance in this work. We have as yet done comparatively little in this field. Our State Rehabilitation Department is doing a good work in a limited way. We have through the assistance of the San Francisco Tuberculosis Association also done a little in individual cases. Rehabilitation is the weakest part of our present program. We should begin to do something about it soon.

With our new bed capacity it will be possible for the Tuberculosis Division to become the most outstanding post-graduate center for the study of chest diseases in this country. We contemplate opening a ward at the Tuberculosis Hospital for the care of non-tuberculous diseases of the chest. This should be an advanced step. With the completion of the buildings and the transfer of our surplus patients, there will be four types of cases in the San Francisco Tuberculosis Hospital, namely, (1) the new admissions; (2) the terminal cases; (3) the surgical cases, and (4) those having non-tuberculous chest conditions. The old chronics and all hopeful cases, as long as treatment has been well started, will go to Hassler. The convalescent tuberculous children in the wards of the San Francisco Hospital will be sent to the children's building at Hassler to complete their period of treatment. In the offing we are also hoping for a new intensive case-finding campaign. San Francisco is ideally located for such an effort. It is compactly built up and is situated on the Peninsula surrounded on three sides by water. It has two areas which contain most of its tuberculous. These are the comparatively small territory known as Chinatown and the other less definitely circumscribed region called "South of Market Street." When these two plague spots are eradicated the future of tuberculosis in San Francisco will have been decided.

If we should inaugurate a case-finding campaign, properly financed, in a very few years we could reasonably hope to cut our tuberculosis death rate in half. Such a campaign would then enable us to discover 50% of our cases in the minimal stage instead of only 20% as at present. Economically it would be a fine saving because we have only to cut the average stay of a patient in our hospital one month to save $60,000.00 a year.

We should start in on the high mortality areas such as Chinatown, and tuberculin-test, fluoroscope and x-ray the whole population as need be until we have ferreted out and isolated every active case of tuberculosis. Thousands of dollars must be spent, but it will ultimately save millions. It will be necessary to educate the public - provide a carefully planned and well executed publicity campaign by means of the radio, newspapers, talks in schools, service clubs and elsewhere. As a part of this crusade against tuberculosis it may be necessary to carry out an extensive re-housing and slum clearance project. The Federal Government has already indicated its willingness to assist in this work. Such a program for the future control of tuberculosis in San Francisco must be carried out in cooperation with the San Francisco County Medical Society, for its success will depend upon our having the complete and wholehearted support of every member, as each one will have his part to play when all the details of the plan are worked out.

We must have the physician report the case, and we must have him report it early. By so doing he immediately places at the disposal of his patient and himself all the facilities of the Department of Public Health. This includes the follow-up investigation by the Field Nurse in the home, the search for contacts, as well as the diagnostic addition of tuberculin tests, sputum examinations, and x-ray, if the patient is unable to finance these himself. If hospitalization is necessary,

arrangements for this service may be facilitated.

SUMMARIZING:

(1) We have made great progress toward the eradication of tuberculosis in San Francisco during the past forty years.

(2) We have fairly good case-finding methods now in use. These should be more modernized and streamlined to the last degree in order to reduce the incidence of tuberculosis to the lowest point possible. To do this thousands of dollars must be spent, but millions will ultimately be saved to our taxpayers.

(3) We shall soon have greatly improved and adequate facilities for isolating and treating all types of tuberculosis.

(4) We must endeavor to clean up our two outstanding foci of infection.

(5) We must become interested in the problem of rehabilitating our tuberculous.

(6) Finally, with the help of the San Francisco Medical Society, the staffs of our two fine medical schools, and the institutions we will have for the care of the tuberculous, we can hope to make San Francisco the outstanding center for the study of tuberculosis in this country, as well as setting an example for others as to how tuberculosis can be controlled in a city the size of San Francisco.

(The above talk was originally presented before the San Francisco Medical Society by Dr. Becker.)

———— ○ ————

RADIO TALKS ON TUBERCULOSIS

DATE	SUBJECT	SPEAKER
April 5	Public Health Aspects of Tuberculosis -- Chest Clinic	George H. Becker, M.D.
April 12	Public Health Aspects of Tuberculosis -- Institutions for the care of the Tuberculous -- History of the San Francisco Tuberculosis Hospital	W.R.P. Clark, M.D.
April 19	Institutions for the care of the Tuberculous -- Hassler Health Home	Wm.C. Van Deventer, M.D.
April 26	Extra Pulmonary Tuberculosis -- Skin	R.T. Burlingame, M.D.

STATION KSFH FRIDAYS at 1:30 P.M.

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Angelina M. Piscitelli, M.D.

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W. A. Reilly, M.D.

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Harold Brunn, M.D.
(Chief of Surgical Service)

STANFORD UNIVERSITY

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George B. Miller, M.D.

Sadie D. Patek, M.D.

Edward A. Schaper, M.D.

Lloyd B. Dickey, M.D.

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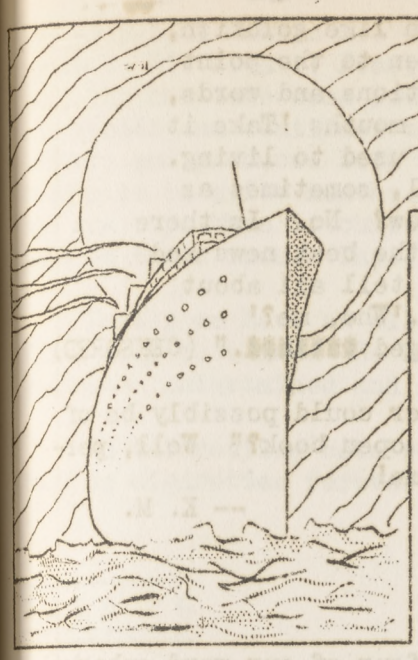
Leo Eloesser, M.D.
(Chief of Surgical Service)



ROUND THE WARDS

... AT S.F. HOSPITAL

WARD 32

Sad, sad February that has witnessed the departure of both Chiquita and Nini from Room 10 & 11 - the former to the Farm, the latter home to Wally. So few problem children left that we fear the strain is dying out. We are thoroughly in discord with the school of thought which holds that might not be a bad idea.

○

Of the more weighty problems that have been settled on Ward 32 during the past month we like the one pertaining to cows and horns. It seems that several of our city bred gals were aghast at seeing a Disney cartoon of a four-legged animal - obviously a cow - bearing horns. "Aw, everyone knows that only bulls have horns," said one of the more dogmatic of the group. But the seed of doubt had been sown. They questioned everyone on the ward, including the interne and nurse, and so far as we know are still unconvinced that horns are a bovine characteristic applicable to the female as well as the male of the species.

○

One's sincere efforts are sometimes rewarded when least expected and in strange manners. We remember the time we lay awake in the deep of the night (never thought we'd come to this) trying to devise new and better methods of procuring copy for The CLARION. We didn't succeed in getting copy, but shall always be grateful that we were awake to hear Dorothea Kuhn lament, somniloquistically though clearly, "Too late to go to press."

Which reminds us that some of our amateur psychologists might be interested in observing creative doodles. We have seen doodling by statesmen, economists, and even an ex-president in the newspapers. But has anyone seen fit to reproduce the mental meanderings of an artist in action? The following was gleaned from the margins of our Dorothea's latest CLARION offering (see pages 20 & 21), and we believe it indicates an interesting, if not actually startling, unconscious.

○

The following communication has us slightly worried. After considerable cogitation we decided it should be made public, inasmuch as it expresses a discontent that could become harmful to its bearer if repressed.

"Say, this may be a little uncalled for, but I for one am a wee bit irritated to sit back and watch one ward reporter (guess whom I mean)

gloat over the fact that poor witches like us must live like goldfish, and at any time our secrets she can expose. It's gotten to the point where we who live with said reporter must watch our actions and words, even to the point of mumbling out of the corner of our mouths 'Take it easy, here comes ------.' Now this isn't the way we're used to living.

Why, there once was a time when we could share all, sometimes as much as asking, 'Does a cow have horns?' But can we now? No. Is there anything we can do? Maybe. If worse comes to worse, the best news and the most interesting copy can be obtained if one would tell all about this one reporter. Yeah, I hear what you're saying....'Who, me?'

-- From an Underprivileged ********." (CENSORED)

We are in a quandary as to what news about said reporter could possibly be of any interest to our readers. Should we say "Our life is an open book?" Well, perhaps we shouldn't. The life of a public servant-------ah, me!

-- K. M.

WARD 31

There was great excitement here one fine morning when four of our ward embarked for the Farm. Such hurrying and scurrying is not often seen around here. Hilda Albury was not one to be left behind; she was up at the crack of dawn, puttering around with the last minute details. But Lucille Taylor, the sleepyhead, didn't even have her face washed when "All aboard" was heard down the corridor. Lucille made a wild dash for the bathroom, jumped into her clothes, and when last seen was hitting the high spots down the hall to the elevator, coattail flying in the air. Carmen Olea and Mary Eubank also went along but with less difficulty in their departure. Needless to say, they are all missed.

Mamie Johnson also left the old homestead, and has taken up her abode on the outside. Mamie was so happy when she learned she was going home she forgot to tell us goodbye, but we forgive her for that. We know the first thing she did in her new home; we can just see her now, behind a big plate of hot cakes.

Carrie Robinson has the blues. She's been sending jokes to Milton Berle for weeks but he has never used one on his program. She listens faithfully every week, but not one has he mentioned. That is bad enough, but the last straw was broken the other night when Berle said, "If you think these jokes are bad, you should hear the ones I threw away."

The thrill of a lifetime came to Mary Miyoshi several days ago when she learned she was a winner in the "Confucius Say" contest, with the following words of wisdom: "Political plums do not come from the seed, but from grafting." Mary is now out "To Beat the Band."

There is great competition going on among the belles of the ward in Room 5 & 6. All types of hair-do's are represented, from the boyish bob to the fanciest windswept curl. Just what all this is leading to we are unable to grasp at the moment, but it looks like a bit of skulduggery afoot as we heard one brunette complain that the two platinums in the center of the room were grabbing all the attention.

-- H. E.

WARD 28

Much can be said in the way of praise over the splendid work that is being done throughout the ward in handmade articles such as belts, afghans and carved figures.

The principal makers are - Bud O'Farrell, who has an afghan made with shades of green to his credit; Preston Coates, the maker of carved statues in wood and plaster, who has made some remarkable figures; Leslie Machada has many fine belts to his credit and continues to turn out his handicraft; Art Viscarello combines his efforts and produces both carvings and belts. His work proves that he has mastered both arts in a few months. In a remote corner of the ward you will find two lads who are tops when it comes to making airplanes, as you can see by the display they have in their room. These are a few of the many engaged in handmade articles.

○

Lastly we have an alleged "Soldier of Fortune" whose tales will put the biggest fish story to shame. He has an endless chain of tales to relate which keep his roommates entertained and in good spirits.

○

An interesting note worth mentioning is the fact that Mike Flynn has turned his back on cigarettes forever.

-- C. S.

WARD 26

After due consideration we have decided against any comment on the weather, since this particular department is sufficiently corny without having its weather item finally contradicted by bright skies and sunshine. For a while, though, we tried to work out an idea whereby we would confound that sophisticated seer of soporifics, one E. Shimano, on the relative qualities of southwest gales and Christmas tree lights as "insomniac influences," but it was dropped for various reasons, not the least of which was that the enforced recollection of Christmas tree lights in the month of March would be an imposition too great even for the smooth tenor of sanatorium life.

○

As our worthy contemporary from across the hall, Harvey Hansen, has just been, figuratively speaking, joggling our elbow and for the tenth time taking occasion to twit us for the shiny laurels won by our ward in The CLARION drive, we have decided to let said contemporary have it with both barrels. Our organization hereby declares that all activity was confined to the legitimate area of the ward, and the idea that a bear trap was set at the elevator doors is a pure fabrication. Moreover, in view of certain practices instituted by said H. H., namely, trespass and solicitation on two occasions (both highly successful), we are forced to conclude that H. H. hasn't a leg to stand on before the bar of patient opinion, and that such acts justify any future action we may see fit to pursue. Such actions are understandable, of course, since the grass is greener on our side of the fence, but even the force of that logic is not sufficient against a subtle blitzkrieg of innuendo and implication which we hardly deign to dignify by answering. This is not motivated by any desire to rub salt in any wounds, but is an affirmation of our Ward's determination to stand forth before God and man, and with the bright cross of the Crusades emblazoning our arms to battle forward above any pettyfogging politics that may stand in the way of our appointed goal.

○

Ward items: "Mama" Christian, commenting on the seagulls after the Schaper ban on feeding them at the expense of the taxpayers - "Poor dears, they look up at us with such reproachful eyes.".....Johnny Fitz is currently on the trail of the original pranksters who tied his robe in about fifty knots. Nobody is above suspicion....."Rebel" Frank Shirah, the southerner, than whom none is more southern, was over from "25" the other night and observed a Wagenstein apparatus in one of the rooms. "Gee, looks like they got a moonshining outfit in there" was the way he put it.....W. (extenuating circumstances) M. has finally brought his systolic pressure (how do you like that word, Shimano?) back to normal. The reason? Let's quote him directly. "Not only did they stuff things between the sheets, but

even between the spread and the blankets and even on top of the mattress. And the guy who put those books and the jar of olives in my pillow, well - xz½-#%*!" A good job, we say, yes indeed.....We've observed that Dr. Kasuga's car has as good a set of rales as we have heard in a long time.....Today we say goodbye to a couple of swell guys leaving to take up the cure in "25", Jack and Larry..... ....One Chapman Burke has a favorite trick to play on his porch-mate Igor, and that is surreptitiously switching the positions of Igor's slippers. It is pretty simple, but it always brings forth a roar of protest as the Russian, instead of being comfortably shod on jumping from bed, must hop about correcting the situation..... ..The ward mathematician uses a set of log. tables printed somewhere around ninety years ago, all of which may or may not mean anything; we haven't decided yet..... ...Having observed Dr. Eloesser's dogs for quite some time, we conclude they are raised in a very democratic tradition.....The dictionary definition (Oxford) of the word CAD is, among other things, "an omnibus conductor." We still insist that it would be unwise to get familiar with a streetcar conductor (omnibus?) by saying, "Hi, there, Cad."

— J. G.

WARD 25

In our colossal ignorance we had assumed that this game called Chinese Checkers was a form of glorified marbles and as such was child's play. Graying hair and a definitely receding hairline should make us hard to change, but an error must be admitted. Though some of the moves smack of magic, what with the way the other guy's marbles always get across the board first, and elbows and cuffs seem to play an important part in the technique of the stars of the game, it can still make strong men weep and gnash their teeth. But for the masterful control displayed by the experts, violence might crop up in the form of marble throwing - if they have all their marbles.

○

Ray Tuttle, the wandering boy, returns from a winter sojourn at Hassler. Rumor has it that among his multifarious tasks was an intensive study of floriculture - with special emphasis on floral table decorations - true artistic triumphs. Even though assigned to the exclusive company of the West Porch, the wanderlust has not been conquered. A few days and he transferred his affections and his person to Ward 26, the old stamping grounds.

○

One of the budding arithmeticians of the ward still hasn't figured out why two times two is four but one-half times one-half is one-quarter. In the wilds of Washington, where he prepped for further study in this institution, they taught him that the product of two numbers always resulted in a larger number, so the amateur Einstein wants to know if things are different in California, and how come. He's also been heard to mutter something about the "hipotenosis" of a right triangle, but that's just mayhem on the King's English.

○

Luciano Delago, erstwhile proprietor of an exclusive Third Street Tonsorial Emporium, tells one about a customer he was clipping. His client was a bit skimpy as to hair growth and complained about being charged full price. Luciano stopped him with the information that half the charge was for the cutting - the other half for the finding.

Ernie Barkman, ex-Emperor of the Embarcadero, where he helped load and unload many of the better ships, verifies the above yarn.

○

The perpetrator of the printed word from Ward 32 mentioned a "group of giraffes" in her last stint for The CLARION. The question comes up as to whether giraffes come in anything as dignified as a "group." Why not bunches? Or maybe we look silly to a giraffe. Further, we contend that anyone who might conceivably

awaken to see a mongoose perched on the bed would be quite liable to see two mongeese - whoops, we mean mongooses. Recipe for a zoological ward - take a yak, a handful of platypuses, and a pinch of an aardvark; stir in the pink and green elephants, add the "group of giraffes," baste with the imaginary mongoose and sprinkle with the ever present cacti. Don't tell me that's Ward 32!

-- H. H.

WARD 23

Spring, bah! Sparrows pitching woo in the folds of our awning keep us awake during rest period. We wish they would be a little more discreet. It is not only a trifle, let us say, vulgar (all right, say it!) ((VULGAH! there!)) but also hardly conducive to keeping our emotional equilibrium at that recommended comatose stage, for in the spring a young man's fancy lightly turns to the same thoughts he had all winter.

○

We leave our stamping grounds for a paragraph (nothing ever happens here) and invade greener pastures for copy: On the sun porch - photogenic Dr. Virginia Wright sidling out of a group photograph with the excuse that she's a photophobiac. In The CLARION office - one of our associate editors (and we're not telling you which one) with a slightly glazed look in her eyes watching O's pop out of the mimeograph stencil. We fixed that, though (the O's popping out of the stencil, not the glazed look). In the Boys' Ward - "Aw, dat's a gyp!" said all the boys when they spied Dr. Schaper taking candid shots in the Girls' Ward. In Ward 26 - Grahame pointing his finger at the orderlies, "....and if you don't, all the green lights are going to flash all night long." At fluoroscopy (how he does get around) - Miss Nelson shaking her head sadly at a medical student.

And so our hero trudged wearily back to his own ward, sadder but wiser, filled with the realization that, after all, "There's no place like home."

Next Week
EAST LYNNE

○

We had never realized before that intra-ward rivalry along Pneumo Lane was so rife, nor that Ward 26 was so prosperous. In spite of Harvey muscling into their territory, Mama Christian's boys topped the contribution list. At the last trip we made up there, we heard that Harvey had walked in from Ward 25 and quite blandly walked out again with a fifty-cent sale.

"And I had that half-dollar," wept "26"'s Walt, "right in the palm of my hand."

○

We take back everything we might have said once about the callowness of the present generation. As long as this country can produce youngsters as sensitive as Milt there is still hope for civilization and culture. We saw him the other day with tears streaming down his roseate face and every inch of his 220 pounds wracked by sobs.

"I always cry," he blubbered, "when I read 'Little Boy Blue' by Eugene Field."

○

Mongeese, platypi, and cactuses, yet!

○

Spring, bah!

-- E. S.

WARD 19

Don't you wish you were a habitant of Ward 19? The garden is near at hand and ah, spring has sprung! The ornamental apple tree blossoms have budded and it looks

as if someone had sprinkled popcorn here and there. Everything is green and fresh - Oh, for some poetic talent!

○

The girl with the adaptable face is none other than Florence "Honey" Davies. She is always being told that she looks like this one or that one, no matter if the other person is definitely red, yellow or black (meaning hair). She doesn't know whether to be complimented or insulted.

○

The newcomers to the pneumo chain gang are always a bit apprehensive and yet eager to follow the correct routine. Dorothy Kirby, a new customer, was standing behind the fluoroscope while Dr. Yellin was showing Dr. Rubin how to manipulate the machine. He said "now, lift up this leg." Dorothy, thinking he was talking to her, replied, "which one?" This struck our funny-bone, but then again it may be us.

○

Ward 32 hasn't anything on us - as far as animals are concerned. A Noah's Ark was made right here in our very own hospital and in the year of 1940! This should make headlines in Ripley's Believe It or Not, but The CLARION will do just as well. Hazel Jackson enjoyed every minute spent appliqueing the varied colored pairs of animals on an adorable quilt.

○

While speaking of animals, we have four "squirrels" added to our collection of sparrows and seagulls. They enjoy eating peanuts in bed, and are located at the East Porch. They answer to the names of Joye, Norma, Dorothy and Mary. Perhaps this poem would apply to them:

Listening to a tune so grand
With a bag of peanuts in our hand;
When the dawn began to break
We all awoke with a tummy ache.

-- N. R.

...AT HASSLER'S

WOMEN'S WARDS

In front of the girls' ward is a long row of flowering daphne. The fragrance that proceeds from them is heavenly. One romantic maid said, "It has the most intriguing scent of anything I have ever encountered. I wish I could squeeze it into a bathtub and bathe in it, or put it in my pocket so that my clothing would smell like it. I have forgotten the name, but it looks as if its name SHOULD be Rosemary. It smells like the distilled virtues of beauty and goodness. If ever a perfume were made like it I should not object to scents."

○

Said Suzy Q., the pessimist, "There is one consolation I have in being in a sanatorium now. I never could bear to see women wearing spring hats in January and February. They seem to think that just because hyacinths have popped out of the earth they must precipitate spring with their hats also. Darn them!"

○

Can there be spirits living in our basement? Helen Vangel and Evelyn Fong came running upstairs with fast beating hearts and were so terrified that they were rendered voiceless. It finally came out that Evelyn had heard a queer noise and had fled like an arrow shot out of a bow; however, she took time to shout over her shoulder to Helen that some long-tailed, winged Chinese spirit was pursuing them. Helen fled after her like a faithful shadow. All this came from reading too many murder mysteries and detective stories.

○

Everyone is of the same opinion that Violet Yum should have been named Smiling Cherry Blossom or Miss Yellow Sunshine. Her radiant smile warms everyone as she

slides about (she never walks) in her tiny slippered feet like a gay butterfly which never lifts its feet from the floor. Must be hard on her shoes, though.

○

There was a great attendance at the last show. The picture was titled "Goldwyn Follies." It was an engrossing and spectacular depiction of Hollywood. We had had no real excitement since Christmas and everyone was hungry for some entertainment. Such confusion in the girls' dressing rooms! As if they were going to a ball with a modern knight. Even inveterate knitters put down their knitting to go. Little Ruby Low's heart was at the breaking point because she could not go, as she has been a bed patient since her first pneumo. However, Dr. Van Deventer passed by and gave her his consent. Ruby let out a joyful cry that sounded like a bark and rushed off to get dressed. Miriam Rutherford's feet lifted as if floating in dance evolutions when she was informed that she could go.

-- R. V. K.

MEN'S WARDS

We had just become acclimated to the atmosphere at H.H.H. and were settling down complacently to a comfortable routine of eating, sleeping, playing games and watching the weather when suddenly we were shocked into rude wakefulness by a curt letter from our honorable Editor announcing the fact that we had been appointed as a reporter for The CLARION for the men's wards here at the Farm. The letter further stated that the deadline for this issue was only three days away, and for us to produce..or else! OUCH!! That deadline really hurt, for we must confess that we (meaning me) are not very bright, and the thought of getting out a comprehensive bit of reporting copy in three days was disconcerting to say the least. However, a frantic appeal for help brought forth a wealth of material from kind volunteers, and we gratefully thank the following for their contributions: William Frank, "Doc" Estein Norhden, H. "Terry" Sheals, Ken Wong, and Leo Yip. The time and effort put in by "Willie the Wit" Frank in typing the material is especially appreciated.

○

For the benefit of those who aren't familiar with Hassler, it is situated five miles west of Redwood City, up in the hills at an elevation of 540 feet. It overlooks Redwood City with a bird's-eye view of Sunnyvale and Dumbarton Bridge.

The men's section is divided into two wards (Wards 1 and 2) and stands beside a wide lawn bordered with flowers and trees. The majority of us are on exercise, which we take by strolling leisurely around the lawn. On rainy days we gather in the large recreation room located between the two wards and read, play games, etc. Once a month we are usually regaled by a talkie.

Occupational therapy, as well as ambition, are prevalent here. Everyone is either studying and striving for perfection along his chosen line, or busy with his assigned duties - occasionally both.

Those who are engaged in taking care of various functions in the men's section are - Douglas Lee, librarian; Kenneth B. Wong, assistant librarian; Gottfried Wagner, radio technician; Herbert Barnes and Walter Yunck, radio program arrangers; Louis Gilson, Chew Wong Wy and Charles Racine, potted plants gardeners; Anthony "Cookie" Zertanna and Cecil Rollier, laboratory assistants; Ceferino Ruiz, Bob Simon, Woo Wai and Walter Yunck, milk and chocolate distributors; and William Marr and H. T. Sheals, humming-bird-juice dispensers. With our affairs in such able hands the rest of us take the "cure" in peace and quiet, and without a care in the world. So much for the idyllic existence on our famous "Farm." (P. S. We do <u>not</u> milk the cow nor feed the chickens!!)

○

Flowers of every hue and description are springing up again around the grounds. We do not know whether to attribute this to the rain or to the absence of that table-decorating Romeo, Raymond Tuttle.....The younger generation here lately

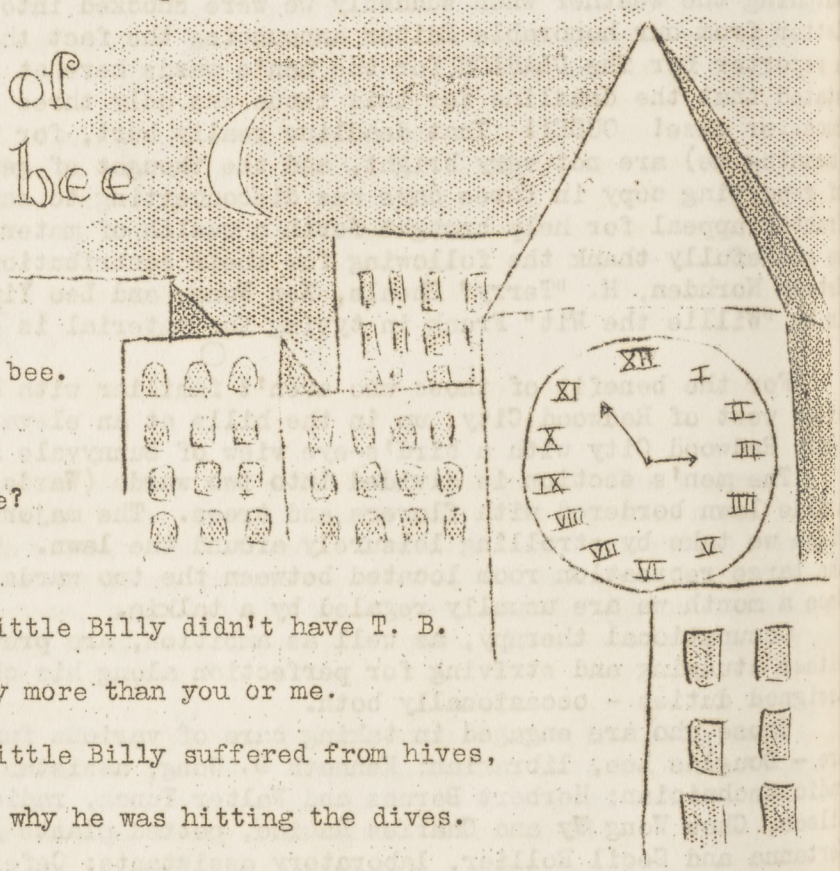
has been deluged with mail from female correspondents. The youngsters flaunt this as evidence that they have more experience in life than their elders! However, we oldtimers still think that they have a lot to learn.....H.H. H. is hereby submitting its own challenger for the title of "Plain and Fancy Eater": Pete Frediani. We have a sneaking hunch that he can eat circles around R. M. of Ward 25..... We acknowledge the compliment paid us by the fair sex in the last issue of The CLARION regarding our "sensible" and "practical" Christmas gifts. In reciprocation we want to say that <u>their</u> Christmas tokens have been a source of real distraction and amusement during our more melancholy moments. In fact we <u>still</u> enjoy winding up Barnacle Bill to do the shimmy, and startling the nurse by pulling the rubber mouse across the floor!.....What was in the cigar Douglas the Librarian smoked in celebration of Chinese New Year? If you haven't heard - Doug made his bed, crawled in, and swooned! Skinny had to drag his clothes off of him, and we didn't see Doug until evening. Moral - - - - ??!!.....

○

It seems that frogs croak just as distinctly in a can as they do in a flower bed. Anyway Don "Jitterbug" Strong learned that through bitter experience when he tried to keep a couple by his bed and had to get up and let them loose when they began serenading at 9:30 p.m.

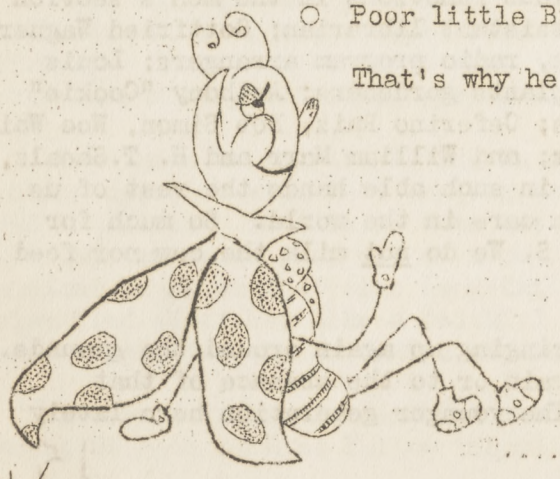
-- L. S. P.

in defence of billy the bee



Don McCormac, it seems to me
Isn't being fair to Billy, the bee.
How can Billy, being a bee,
Be other than a bee ought to be?

Dear little Billy didn't have T. B.
Not any more than you or me.
Poor little Billy suffered from hives,
That's why he was hitting the dives.



Billy, the bee, is starting from scratch;
His broken life, he's trying to patch.
He hopes that you will give a retraction,
Otherwise, Billy will have to take action.

-- Norma Johnson

THE CAUSE of TUBERCULOSIS

By LAUREN V. ACKERMAN, M. D.
Assistant Visiting Physician and Pathologist
U. C. Service

In America, which is supposed to be an enlightened country, various polls of public opinion are often being taken. A short time ago people from all walks of life were asked their opinion and impression of the cause of tuberculosis. It was found that only twenty per cent of these people knew the correct answer and knew that it was contagious. Of the eighty per cent who were wrong, the majority thought tuberculosis was hereditary. No doubt many of you know whole families who have tuberculosis, but the disease spread from one person to another by infection, not heredity.

In 1882, only 58 years ago, Robert Koch found the cause of tuberculosis. Many years of patient research went into his discovery. He had isolated an organism which he called the tubercle bacillus. He had found a media (or substance) on which material from tuberculous sputum would grow.

The causes of many other diseases had been found previously, and these other organisms grew on their media in about five days' time. Koch had tried over and over again numerous substances which would grow tuberculosis, but nothing had happened. At last he tried one containing blood. He watched it for the first five days, and nothing showed. He waited ten days, but still no growth. Fifteen days and still nothing. But on the twentieth day he noticed a fine formation on the media which proved to be slender rod-like bacteria. When these were injected into a guinea pig they caused tuberculosis, and from the diseased guinea pig the same rod-like bacteria could be isolated and re-injected into another pig to repeat the disease.

Koch's persistence and patience had enabled him to find and separate the organism causing tuberculosis in humans.

Later on it was discovered that there were three different types of tubercle bacillus: avian, bovine and human. The avian type is the one which causes tuberculosis in birds. However, you do not need to worry about this for it will not cause trouble in man. The bovine type is one which causes tuberculosis in cattle. Cows got tuberculosis and tubercle bacilli could be found in their milk. This milk would be taken by innocent children and they would develop tuberculosis. In the United States tuberculin testing of cows is mandatory. All cows are retested by the tuberculin test once every six months. In European countries, however, they do not have compulsory testing of cows and in Scotland and Holland tuberculosis of the bovine type still causes from ten to thirty per cent of the tuberculosis there.

Knowing the cause of tuberculosis helps us to formulate an attack. We know tuberculosis is contagious and that one person gives it to another. Each one of you caught his disease from someone else, and that is the reason we are so anxious to have your family and close friends examined. The patient with a positive sputum who leaves the hospital against advice, and who is careless in his hygiene, can give tuberculosis to an untold number of people. I have knowledge of many such instances. There was a man in Connecticut with a large cavity in one lung who had a positive sputum - but he contended that he was in good health and that the doctors did not know his true condition, and he left the hospital. During the next five years he came in contact with large numbers of people. Four hundred of his contacts were traced, and of these one hundred and sixty six had tuberculosis in some form. Imagine the amount of time and money and heartache involved in taking care of these

one hundred and sixty six people. Another instance is the Italian fruit vendor who always had such shiny apples. He used to spit on each apple and carefully polish it. His business was big, especially with children, but he had a positive sputum teeming with tubercle bacilli, and of course he gave his disease to a large group of people. Another case is the streetcar conductor who used to lick his thumb as he tore off the transfers, and naturally he handed out his tubercle bacilli to the various passengers.

You who are here as patients have many friends and relations who come to see you. Perhaps you do not realize it, but you are teaching them about tuberculosis, and showing them that it is no longer a hopeless disease. You are teaching them that it is contagious, and perhaps as a result some of them have had x-rays. In this way you help us to care for those people who need attention.

Forest Song

How musical the forest,
With the solemn chant of trees.
You can hear the changing lyrics,
And the pagan melodies.

I love to wander listening
To this natural symphony,
And I feel that it is music
As the gods meant it to be.

-- Norma Johnson

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

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MEDICAL INFORMATION, PLEASE

Q. - Can one inherit a resistance or predisposition to tuberculosis?

*A. - Certain races, such as the Jews, through long association with tubercle bacilli, appear to have a high resistance to tuberculosis. Other races vary in their ability to withstand infection. Aside from this inheritance probably plays a very little part.

Q. - How are tubercle bacilli taken into the system?

*A. - Usually they are inhaled; less often (in U.S.A. due to tuberculin testing of cattle and pasteurization of milk) they are swallowed; still more rarely they are inoculated beneath the skin by injury.

Q. - What is the tuberculin reaction?

*A. - Tuberculin is made from tubercle bacilli and the substances upon which they are grown. When injected into or beneath the skin in human beings or animals that have previously been infected with tuberculosis germs, it causes inflammation, which is manifested by redness at the point of injection, or sometimes by a feeling of malaise. In uninfected subjects it causes no reaction.

Q. - I have no cough. Is this because the disease is not far enough advanced, or are some cases free from cough?

*A. - Yes, some cases are free from cough. It is possible to have tuberculosis for years and have no cough. Disease spread by the blood stream generally does not cause cough for a long time.

Q. - Is there such a thing as immunity from tuberculosis?

#A. - Yes. Tuberculosis immunity is a relative matter and tends to localize subsequent infections. It is not as complete an immunity as exists in many other diseases.

Q. - What causes night sweats?

#A. - Instability of the nervous system (sympathetic) controlling the sweat glands.

Q. - When is pulmonary tuberculosis apparently arrested?

#A. - Constitutional symptoms absent. Sputum, if any, must be concentrated and found microscopically negative for tubercle bacilli. Lesions stationary and apparently healed, with no evidence of cavity by x-ray. These conditions shall have existed for three months, during the last two of which the patient has been taking one hour's walking exercise or its equivalent.

Q. - What usually causes a relapse in tuberculosis?

#A. - Over-work, mental or physical; undernutrition; over-exposure to the elements; and certain infections.

* Questions answered by Dr. Shipman, U. C. Chief of the Tuberculosis Service.

\# Questions answered by Dr. Pierson, Stanford Chief of the Tuberculosis Service.

FASHION PARADE!

text by Olive Sadler

sketches by Dorothea Kuhn

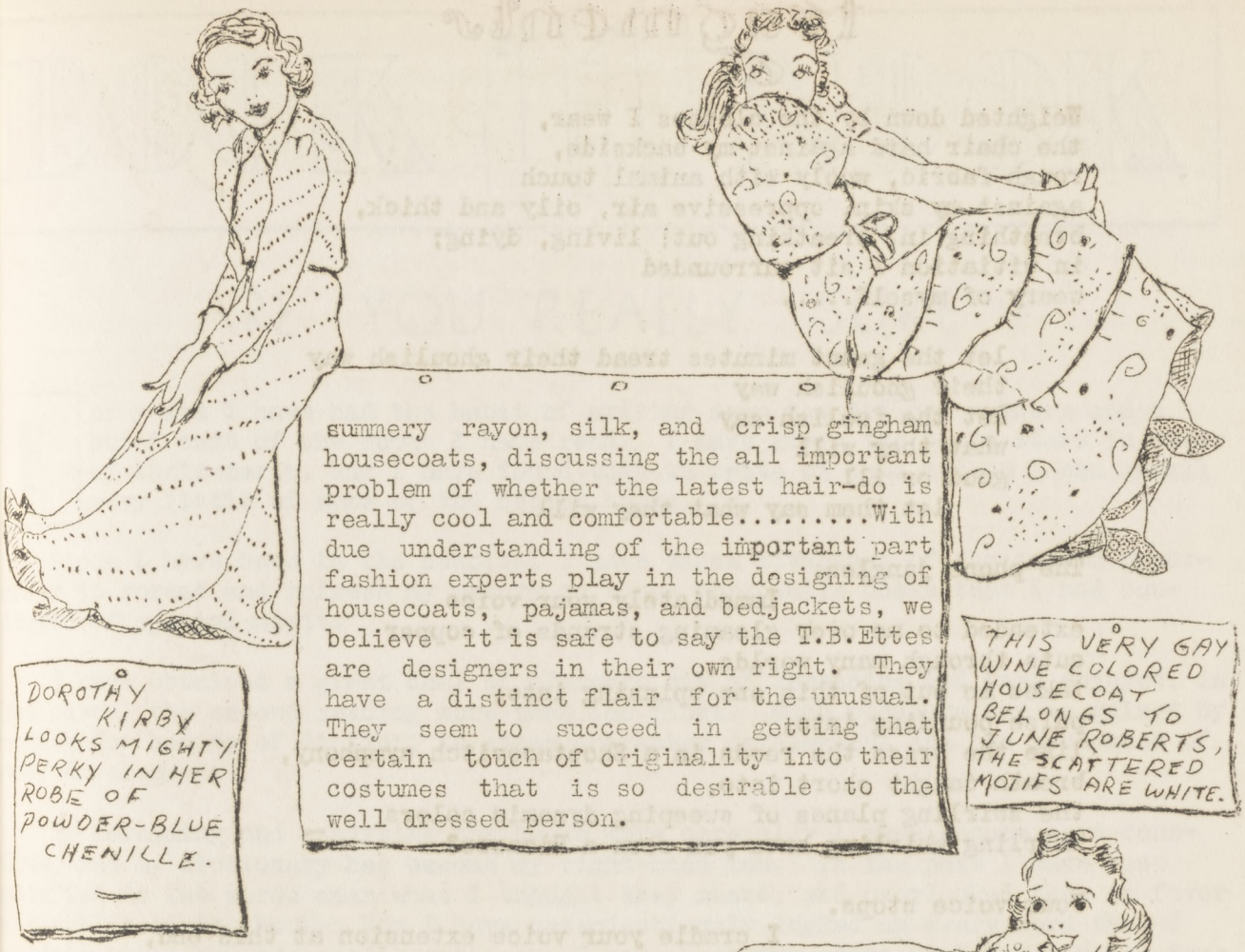
"A PALE PINK TAFFETA ROBE — AND QUILTED TO BOOT! — IS THE PROPERTY OF BERNICE KELLY.

ANITA CERESA BELONGS TO THIS ROBE — ITS A CHENILLE ONE AND A RICH WINE COLOR.

PULSE BEAT OF T.B.ETTES' FASHIONS

Anyone desiring inside information on what the well dressed T.B.Ette is wearing need only stroll along Pneumo Lane any Wednesday morning or afternoon.....Pneumo Lane has long been known as the fashionable style center of the San Francisco Hospital.....Gay colors, smart styles, new hair-do's, brilliant nail polish, and the latest thing in hair decoration are just a few of the many fashions that sooner or later put in an appearance on the Lane..... .....Winter finds the T.B.Ettes snugly wrapped in their chenille, candlewick and corduroy housecoats, bravely facing the gales that sweep along Pneumo Lane..... Summer brings forth an entirely different picture. Sun Deck Hollow, adjoining the Lane, is a dazzling display of fashions. Many of the T. B. Ettes lounge around the Hollow in their light

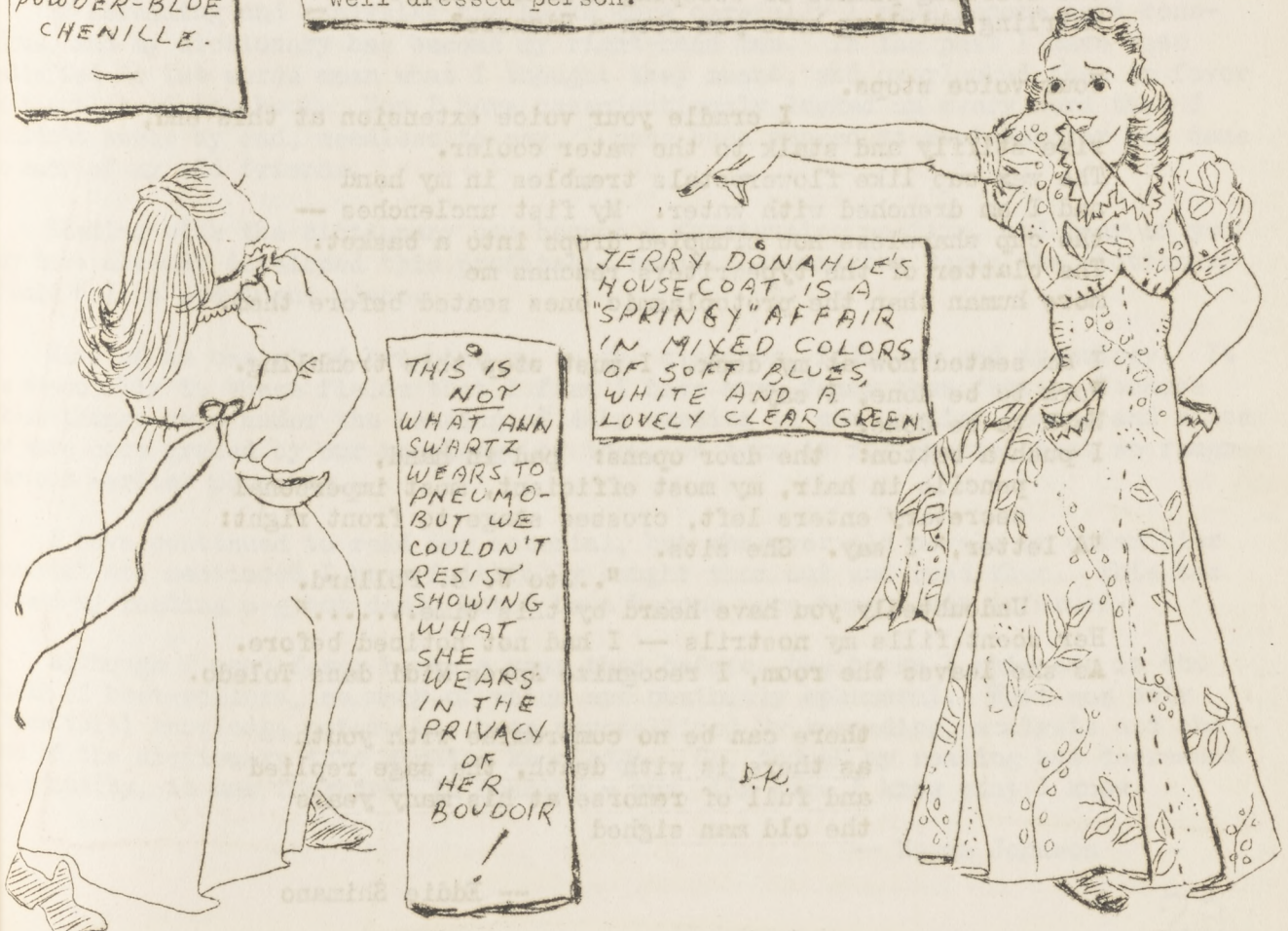
A LUSH DUBONNET SATIN GOWN FOR HELENE RICE! — AND THE TOP IS QUILTED.



summery rayon, silk, and crisp gingham housecoats, discussing the all important problem of whether the latest hair-do is really cool and comfortable.....With due understanding of the important part fashion experts play in the designing of housecoats, pajamas, and bedjackets, we believe it is safe to say the T.B.Ettes are designers in their own right. They have a distinct flair for the unusual. They seem to succeed in getting that certain touch of originality into their costumes that is so desirable to the well dressed person.

DOROTHY KIRBY LOOKS MIGHTY PERKY IN HER ROBE OF POWDER-BLUE CHENILLE.

THIS VERY GAY WINE COLORED HOUSECOAT BELONGS TO JUNE ROBERTS, THE SCATTERED MOTIFS ARE WHITE.



JERRY DONAHUE'S HOUSECOAT IS A "SPRINGY" AFFAIR IN MIXED COLORS OF SOFT BLUES, WHITE AND A LOVELY CLEAR GREEN.

THIS IS NOT WHAT ANN SWARTZ WEARS TO PNEUMO- BUT WE COULDN'T RESIST SHOWING WHAT SHE WEARS IN THE PRIVACY OF HER BOUDOIR !

D.K.

fragments

Weighted down by the clothes I wear,
the chair hard against my backside,
rough fabric, wooly with animal touch
against my skin, oppressive air, oily and thick,
breathing in, breathing out; living, dying;
in vitiation I sit surrounded
weary of myself.....

let the gaunt minutes tread their ghoulish way
their ghoulish way
let the foolish say
what they will
good or ill
let them say what they will

The phone jangles.
Immediately your voice
extended to me over gleaming strands of copper
cuts through many worlds,
takes me out of this one spinning into,
pulse pounding into,
like the brass the reeds in a Shostacovitch symphony,
breath caught short into,
the swirling planes of sweeping dynamic colors
whirling whirling have you seen a Picasso?

Your voice stops.
I cradle your voice extension at this end,
rise stiffly and stalk to the water cooler.
The wax cup like flowerpetals trembles in my hand
and I am drenched with water. My fist unclenches --
the cup shapeless now crumpled drops into a basket.
The clatter of the typewriters reaches me
more human than the protoplasmic ones seated before them.

I am seated now at my desk. I must stop this trembling.
Work to be done, I say.
Work to be done.
I push a button: the door opens: pad in hand,
pencils in hair, my most efficient, most impersonal
secretary enters left, crosses stage to front right:
"A letter," I say. She sits.
"...to W. B. Pollard.
Undoubtedly you have heard by this time....."
Her scent fills my nostrils -- I had not noticed before.
As she leaves the room, I recognize Apres Midi dans Toledo.

there can be no compromise with youth
as there is with death, the sage replied
and full of remorse at his many years
the old man sighed

-- Eddie Shimano

BOOK NOOK

ARE YOU REALLY SURE ?

For years I have had the habit of writing down the titles, authors and a brief text of the books I have read. I have given the books stars in order of their merit, but I have found that in spite of this method I can recall very little of some of the better books.

Since I have been in the hospital I have taken advantage of the golden opportunity to reread and refresh my memory on those worthwhile books that I had considered of special merit.

I have obtained a great deal of pleasure out of rereading and have enjoyed, in most cases, the second reading more than the first. Much pleasure can be gained by reading for beauty of diction, to study character development and the mechanics of story development.

By rereading and analyzing the books more carefully I have become word conscious, and my dictionary has become my right-hand man. In the past I have been satisfied to let words mean what I thought they meant, and overlooked them in favor of the plot of the book. Now I have conscientiously looked up every word that I couldn't swear by and, needless to say, I have been amazed at what Webster has done to many of my old friends.

Reading with the dictionary can become a fascinating pastime, and many of you may have already developed this profitable habit. Around the wards the dictionary should hold a prominent place.

Many of us can stand brushing up on the classics, folklore and mythology. It is especially in these fields that I find I have more fancy than facts. Because these things came under the heading of duty reading in our earlier years, and since we were once graded by our knowledge of them, we take it for granted that we remember our earlier perusing.

I have continued to read new material, but wherever old novels or unfamiliar material are mentioned I have faithfully sought them out and read them. This has slowed my reading a great deal, but I have become more thoroughly informed.

Although I read fewer books a year than before, the books I skip are in the field of best-sellers, so many of which are obviously ephemeral. What was only superficial knowledge before has been crystallized by rereading, analysis and the use of the dictionary into genuine knowledge. So, though my reading has decreased in quantity, it has increased in quality - now, I'm sure I know what I know.

-- Norma Johnson

MARGINALIA

Last month, because of lack of space, we were forced to blue pencil an especially quotable paragraph written by one of our associates who signs her stuff K. M. What she had to say reminded us of Count Korzybski and the science of semantics. (See Stuart Chase's "The Tyranny of Words.")

We look back with some smugness on our college days when we were one of the chosen few allowed to attend the world's premiere Congress on Semantics. We remember little of it except Joe Trainor, our psychology professor who fathered the meeting, and Count Korzybski who attended all the morning and afternoon sessions in a frock coat. We like to think that he dressed in tails for the evening sessions, but we don't know. We had to handle the news desk on the campus sheet and had no time for frivolous pursuits.

Count Korzybski, however, said in effect: "Man differs from animals in that man is a Time-binding animal and all others are but Space-binding animals. Man is the only animal that can live in the Past, Present and Future, and this he does with words."

We were reminded of all this, as we started to say, by K. M.'s paragraph. She wrote -

> "To live intelligently it is necessary to possess two qualifications above all others - tolerance and understanding. Tolerance requires understanding, which can be acquired through knowledge. As all the knowledge in the world has been captured and held in books, to be released at the turn of a page, we really have little excuse for remaining as uninformed, misunderstanding and intolerant as we are."

We think she is quite right, and she makes us feel ashamed of ourselves for we do have so little excuse for not taking advantage of that superiority over animals which comes to us through words. The Greek logos (meaning the word, or form which expresses a thought; also a thought) is the root for more familiar words such as 'logic,' and in its combining form may mean speaking, as in 'eulogy', or a science, theory or doctrine, as in 'psychology,' and 'methodology.' Thus, we can see that from the earliest days of recorded thought words were used synonymously with reason and thought.

It is impossible to express any abstract thought without the use of words; on the other hand, it is possible to express animal thoughts of hunger, fear, happiness, disgust, and others without the use of words. To further the syllogism, we can say then that words, meaning knowledge, can be 'captured and held in books, to be released at the turn of a page.'

Speaking of Man being able to live in the Past reminds us that among the books received last month from the University of San Francisco were 50 volumes of "Nations of the World", which is an exceptionally good historical collection. By reading the history of the past we become more able to understand events of the present. These volumes are not only interesting and well worth reading, but they are published in a comparatively small size which is easy to handle.

Many other books have been received from the Public Library and other sources, but these are too numerous to mention. We hope to have space and shelves soon in which to house our growing collection of books, at which time they will be properly catalogued and lists made available to the patients.

-- E. S.

EACH TO THE OTHER, Christopher La Farge

"Here is no tragedy. These are my days
Life-weighted, turned and measured in the scale
Of my own inches: only that, no atom more,
No plus no minus subscript to its sum.
They tell me, those who know the incredible mass
Of man's recorded cries, that in each one
Born to the burden of unasked existence
There lives one story. Very well, here's mine --"

Thus begins the story of Tom Cottrell from his boyhood through his marriage, each day bringing events and problems which he cannot satisfactorily solve until he and Judith, his wife, do so together. It is a story in verse form that tells much more of life and the moods of places and people than it could have done had it been written in prose. It is full of the philosophy of living and the events that lead up to a successful marriage.

The characters are all interesting, but my favorite is Tom's grandfather, Henry Cottrell. His home is in Rhode Island, where Tom so often returns seeking advice and wisdom from one who is well able to give it. Henry Cottrell is wise, witty, stormy, a good philosopher - in all, a personality about whom it is fun to read.

In fact, all of "Each To The Other" is fun to read because it is different, and because it has the rhythm of poetry to make it delightful and easy to read without in any way detracting from the story itself.

-- Reviewed by Helen White

A GREAT LORD, Paul Frischauer

Probably more books have been written about Napoleon and his times than any other fairly recent historical character; yet we feel that this one is worthy of being placed near the head of the list though the protagonist is not Napoleon, himself.

Following the partition of Poland among Russia, Austria and Prussia, the feudal lords of Poland were in a quandary since it was well-nigh impossible for them to choose the potential victors in the numerous political intrigues which continually kept dismembered Poland in chaos. The only solution to their most difficult problem lay in a united Poland, and to achieve this end Count Gladin called a meeting of all Polish nobles at his castle. To this meeting comes Andreas Rasonski, an impoverished opportunist, who professes to be a Polish patriot merely to wed Dzhunka, Count Gladin's daughter and heir.

This is the story of how Rasonski allows his fiancee to be seduced by Napoleon in exchange for the estate of Gachowska and its six thousand serfs; how he adopts the title of Prince Rasonski-Gachowska and rears Andrzej, the son of his wife and Napoleon; and how the great lord Rasonski plays both ends against the middle.

A historical novel, it is based on the private papers and documents of a famous Polish family. In consideration, however, of the living members of that family, fictitious names have been used and certain minor details have been disguised. Essentially, the author states, the sordidness and degenerate tactics of the rise of this family to wealth remain unchanged.

-- Reviewed by Eddie Shimano

(Books reviewed in The CLARION are in our library, and are available to the patients upon request.)

deserter

It had been strangely quiet for several hours now, and the darkness fell quickly on the shell torn battlefield, as a heavy fog climbed slowly up into the stillness of the night.

Frank crouched there in the mud at the end of the trench. He had been posted as a lookout, but after many hours of watchfulness, weary and cold he huddled down for a little rest. He was silent, not moving, his thoughts far away. In memory he drifted back to when as a little boy of ten he would wander searchingly, with a violin tucked under one arm, into the great green forest far from his uncle's cabin, and there find inspiration to play the music of his heart.

Uncle John gave him much advice and helpful philosophy, but most of all helped him with his beloved music. On many a winter night while the fire burned low on the hearth the sound of thrilling music wrung from the very heart of the violin pierced the night, and sent its echoes down the valley and up into the distant hills. Uncle John would sit enraptured until the last note had died away, and then they would talk of the future and build great dreams. How little they talked of and planned for realities; they lived and worked toward the day when Frank would let the world hear the magic of his interpretive genius.

Then came the day when Frank went away. He who was so little prepared for violence and harshness was condemned to war - to kill, and live in that chaotic filth and hatred. Oh, how he feared and despised it crouching there waiting. Waiting for what? The enemy's side to start hell on this No Man's Land? He couldn't understand all this hatred; he couldn't feel it. So this was the glory that they had so eagerly awaited. The glory that made bands play and crowds cheer. This wasn't glory - it was the end! Glory lies in peace; not in war, disease and mutilated men. How he loathed it. His very insides cringed at every thought of it. If he could only get away.

Something seemed to snap in his brain. Get away, get away far from all this! Desert, get away. Louder and louder it cried until it seemed to scream in his very ears. He looked cautiously around him, his breath coming very fast; he was afraid of what he planned to do, but he was more afraid to stay. He would go away where they would never find him. He didn't want to die like the rest, a rat in a hole.

His eyes gleamed with an insane fire burning deep into his soul. Creeping out of the muddy trench up onto the battlefield he started to his feet, running and stumbling blindly. Finally he slipped and fell to his knees, too frightened to run.

Suddenly a bullet whined near him. What did it mean? He should be far away from the line of fire by now. Then as soon as he asked he knew. In his fright and feverish haste he had been confused by the fog. He must have gone in a circle, recrossing his own line into enemy territory. He lay quiet for a moment, and decided to make a break for it.

Then, as if he had given the signal, all the guns in hell went off. The dirt and mud heaved and flew about, blinding his vision. The sound of roaring guns, exploding shells, shocked his senses, and the impact dropped him on his stomach, gasping. As suddenly as it had started it was over.

How wonderful the quiet was again. If he could only lie here and rest awhile, but he knew he couldn't. He looked cautiously about, but nothing happened, so he began edging his way slowly back towards his own lines again. It wasn't as cold as it had been, and he could see much better now. He thought that it was funny he wasn't afraid any more, but he guessed that he just didn't care. A man couldn't go

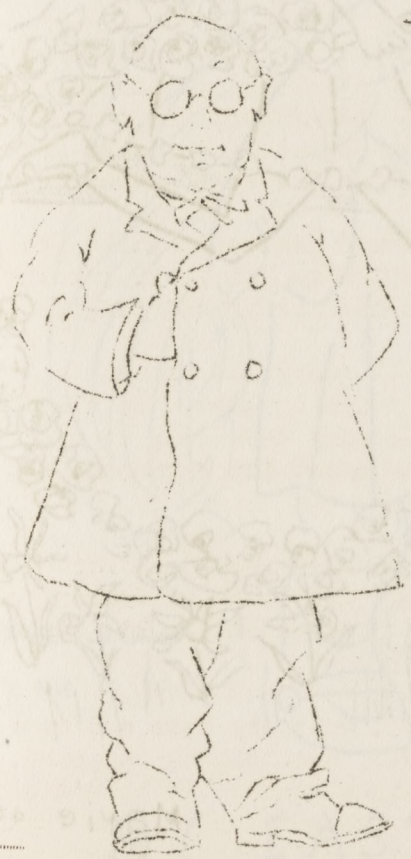
through what he had just gone through and not feel different. It was as if he could stand aside and read himself calmly and dispassionately.

He didn't know how long he had been crawling, or how far, when he heard voices. They must have been whispering, but it sounded loud to him. He was afraid to take any chances, so he just lay quiet and listened. After a few minutes he grinned with relief; they were just a couple of doughboys talking the usual homesick talk. He called to them, but in spite of the quiet they didn't seem to hear him. Maybe he was so tired and weak that his voice sounded loud only to him. He'd rest awhile and call to them again.

Now they were talking about the last barrage: They had seen the sentry drop his gun and suddenly start running; then he had dropped down and crawled out of sight. Just as he had disappeared the field was illuminated by the bursting shells. They had seen the sentry clearly for a second, then the terrific blast all around him, and he was gone. Funny, why he went out there, but the strain and horror do queer things to a man's mind. That sentry duty alone gets a guy goofy. He probably never knew what hit him. He was nobody important, just a regular fellow. They say he was a quiet fellow, and a musician. He played the violin.

Then for the first time Frank knew they were talking about him. He understood why they had not heard when he called. As the first grey light of dawn whitened the drifting mist, he arose and walked slowly toward the distant brightness on the horizon. Funny he didn't feel any different. He just felt happy, free.

-- Hazel Wood



the specialist

It may be the measles
It may be the mumps,
The pip, or the willies,
Or down in the dumps.

Whatever the bother
I'll leave it to you
To just take it easy
And come smiling thru

With SCHAPER'S COD LIVER OIL!

-- Dorothy Levy

CHILDREN'S CORNER

Marie age 14

OVERHEARD ON THE BOYS' WARD

George O'Keefe, age 3, while playing with a small rubber toy whale, said: "Look at him vomit!"

— O —

On February 22, an attendant said: "Albert, you are very noisy." Albert, age 4, said: "Why can't I holler? Isn't it a hollerday?"

JENNIE JEONG
AGE 13

MY EASTER BONNET

the plum tree

In a large peach orchard in a fruitful valley grew an only Plum tree. How it had ever come to be planted among all the Peach trees no one knew.

When the small children of the farmer, who owned the ranch, first came upon the little Plum tree in bloom in spring one child exclaimed at the white blossoms, "Father, isn't this a Peach tree?" "No, Johnny, it is a Plum tree. Plum trees have white blossoms." The child asked, "Why?" The father answered, "That is something that only God can answer, my son." The answer was sufficient for the child.

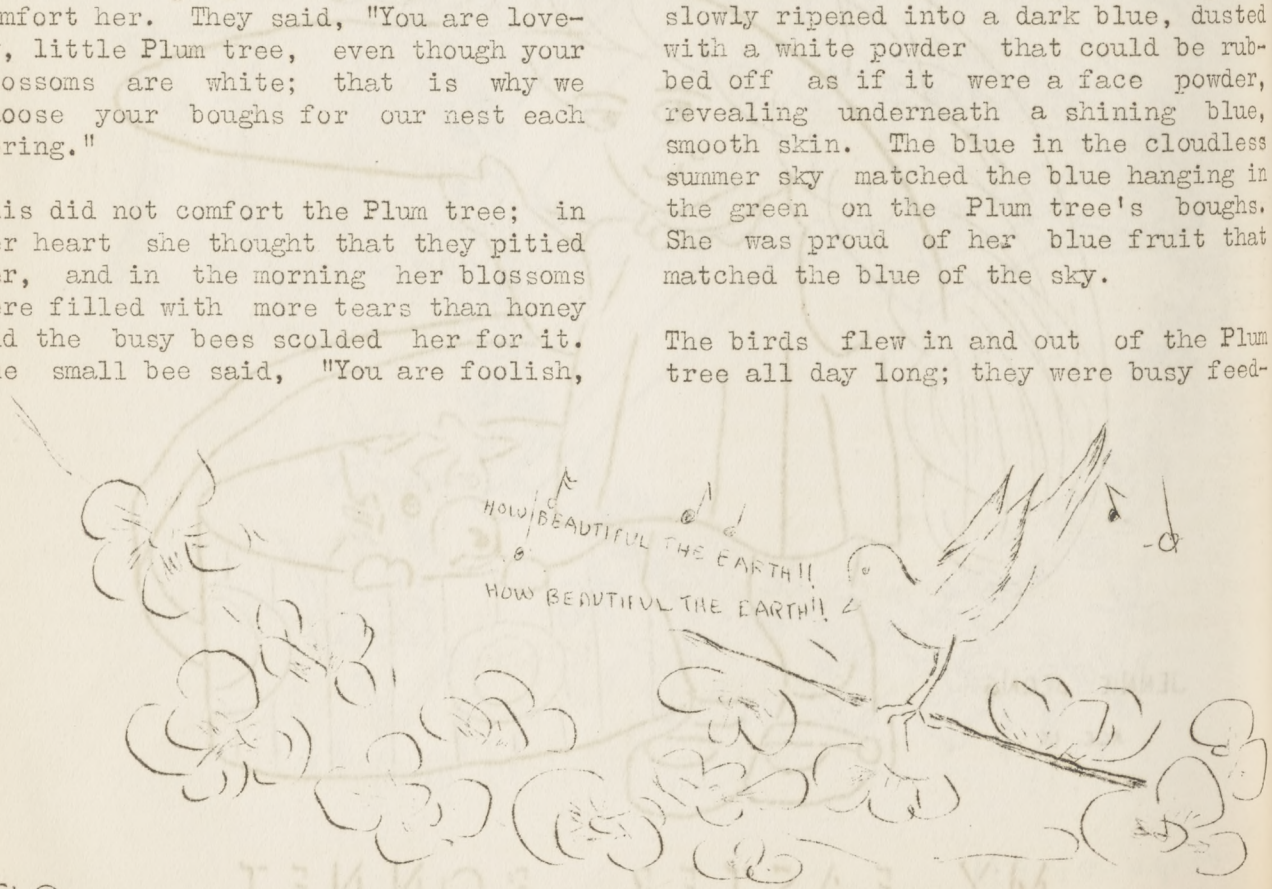
The Plum tree heard their conversation and pitied herself because her blossoms were not a delicate pink like those of the Peach trees. She said, "If I were a Peach tree I should be happy." The happy birds sleeping in her boughs heard her weeping at night and tried to comfort her. They said, "You are lovely, little Plum tree, even though your blossoms are white; that is why we choose your boughs for our nest each spring."

This did not comfort the Plum tree; in her heart she thought that they pitied her, and in the morning her blossoms were filled with more tears than honey and the busy bees scolded her for it. One small bee said, "You are foolish, dear, to cry because your blossoms are not pink. If you continue this nonsense I shall report the matter to her Majesty, our Queen, and she will hold court over the matter. How would you like it if she ruled it that no bee should enter your blossoms until you stop your weeping? Besides, the Queen scolds me when my honey is salty from your tears." Then, fearing that she had been too severe with the Plum tree, the bee said in parting, "Farewell, my dear, please do not be unhappy."

After her blossoms had been scattered to the earth from their perfect corollas by the wind, bees and butterflies, flexible yellow-green leaves unbuttoned their wooly, brown coats and came out to play in the sun. The Plum tree forgot that she was different from her pink neighbors, for they, too, had green leaves.

Summer came and the hard, green plums slowly ripened into a dark blue, dusted with a white powder that could be rubbed off as if it were a face powder, revealing underneath a shining blue, smooth skin. The blue in the cloudless summer sky matched the blue hanging in the green on the Plum tree's boughs. She was proud of her blue fruit that matched the blue of the sky.

The birds flew in and out of the Plum tree all day long; they were busy feed-



ing their bird-children. She heard their hungry cries and guarded them with her green leaves as if they were her own. The birds sang their happy songs and made the Plum tree happy.

But spring always returned for the Plum tree and she grew sad again.

One spring, a beautiful young girl and a handsome young boy came walking through the orchard with picnic baskets hanging on their arms. They stopped by the Plum tree and spread a blanket beneath its flower laden boughs. The Plum tree was happy because they had chosen her for their picnic.

The boy and girl talked and laughed as they ate their lunch and after they had finished the boy read to the girl from a book. The boy stopped reading for a while and turned to his companion and said, "Why did you choose this white flowering Plum tree from a whole orchard of pink trees under which to have our picnic, Mary?"

The girl replied, "Oh, I guess the real reason is that white flowers always seem to signify peace, truth and happiness and God. And I have always loved this Plum tree ever since she first bloomed many springs ago. She stands like a white queen in a field of pink."

The gay couple left, and a yellow throated Meadow Lark flew on one of the Plum tree's boughs and from his musical throat came a song. It seemed to say: "How beautiful the earth! How beautiful the earth!" The Plum tree bowed in a breeze in approval; at last she knew that she was as lovely as her pink neighbors.

-- Rose Vivian Kraus

Illustrations by Mary Chin

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

MARCH 1940

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San Francisco
DEPARTMENT of PUBLIC HEALTH

APR 26 1940

The CLARION

San Francisco Hospital
Tuberculosis Division
&
Hassler Health Home
APRIL 1940

The CLARION

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Tuberculosis Division
&
Hassler Health Home

VOLUME I | APRIL 1940 | NUMBER 4

EFFECTIVE MEDICAL EDUCATOR

By E. A. SCHAPER, M. D.

In a way The CLARION is a two-edged sword. Its primary purpose is to educate our patient body in the fundamental principles involved in preventing and treating tuberculosis so that each one who reads it may be better able to carry out a more successful program in making a recovery than he otherwise would.

The second edge to The CLARION sword is its help to the doctors on our medical staff. A doctor is often handicapped in getting a good result in treating tuberculosis because of the patient's failure to cooperate. Often the doctor takes it for granted the patient knows more about fundmental principles than he really does. Contact between the doctor and the patient is of short duration, two or three minutes once or twice a week. In this short time it is impossible for the doctor to do much teaching. Therefore, in the days before KSFH and The CLARION, the results were not always the best on account of the fact that the patient had been insufficiently educated in the prevention and treatment of tuberculosis.

Now with its wealth of excellent medical information The CLARION becomes one of the doctor's greatest allies in securing the best possible medical results. As time goes on The CLARION's effectiveness as an educator should become more and more apparent with the result that the doctors and the patient will see more and more eye to eye and will work in greater harmony to the end that more cures will be effected and a greater percentage of minimal cases will be discovered, until finally tuberculosis in San Francisco will become a relatively unimportant disease.

Therefore, let each one of us do his part in supporting The CLARION by reading it, by contributing to its support in a literary and financial way, and by boosting it and disseminating it among his friends and relatives.

A magazine like The CLARION depends for its existence upon two things: financial and literary contributions. Up to now we have had enough of both to enable us to get a good start as a hospital publication.

We are very anxious to keep up the splendid interest so far manifested by all our readers. We must continue to go ahead for nothing in this world stands still very long without becoming stagnant and stagnation means death.

From the literary standpoint there is medical and patient copy to be considered.

In the talks given over station KSFH we have an abundance of excellent medical material always available. We would appreciate having more copy submitted by the patients themselves.

The CLARION is intended primarily to be a help to the patients of the Tuberculosis Division of the San Francisco Department of Public Health. It is their paper. Its permanence and its quality depends upon what they put into it. We have tried to profit by the constructive criticisms that many of you, the patients, have offered and we encourage you to continue to criticise our efforts for it is principally in this way improvement is made.

We want to tell the patient newly-admitted, about The CLARION and ask that you urge them all to read it. If there are any patients in the hospital who do not see the value of The CLARION let it be pointed out to them that this is one medium which tends to unite us all in the one thing in which we are most interested -- the prevention of tuberculosis among our friends and relatives and the cure of each patient in the Tuberculosis Division. By this union the entire Division is made stronger and better able to do a first class job.

O

"SI JEUNESSE SAVAIT--"

"Si jeunesse savait, si vieillesse pouvait!" -- If youth knew, if age were able! What infinite possibilities are implied in those few words! If each new generation were to have picked up the threads dropped by their fathers and carried on the progress of civilization, avoiding the blunders of their predecessors, we might have attained Utopia long ago. A glance through the pages of history would seem to indicate that inability to profit from mistakes of the past is a basic characteristic of man and therefore one about which little can be done. Yet, if we are to adopt this attitude toward every phase of our existence, we had best forget about even trying to achieve an intelligent civilization.

Surely, the progress that has been made during the past fifty years towards the treatment and prevention of tuberculosis is not going to terminate when the original pioneers, and those who are now doing such good work, have gone. As long as tuberculosis exists as a major cause of death, men will continue to attempt to discover new and more effective methods of treatment. It is now felt, however, that the ultimate means of conquering this disease will be not through treating, but by prevention. Preventing tuberculosis can be brought about only through educating the people as a whole to an awareness of it. When every person realizes that tuberculosis is not a respecter of groups -- that it attacks the old and young, as well as members of all social groups -- and that it can be controlled if cases are discovered in the minimal rather than the advanced stages, then will actual progress have been made in this important war against death.

It is beyond our power to set into force a universal educational system that will cure the ills of the world, no matter how great the need. But we can and do add our voice to that ever growing number of voices that are telling the world about tuberculosis and what can be done about it.

If every person who reads the medical articles appearing in the pages of The CLARION will ponder their significance and relay information obtained from them on to others, the existence of this magazine will be more than justified.

"If youth knew, if age were able!" We feel that youth must and can know, and it will be through repetition of the printed words emanating from the experience of age that youth will know.

-- K. M.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE LUNGS

Leo Eloesser, M.D.
Surgical Chief, Stanford Service

Ordinarily one will not be mistaken in the treatment of disease if one tries to follow natural processes. Rest is natural and essential to the healing of a sore or injured part. We can observe this fact daily. If a dog hurts his leg he lies down in a corner and keeps the leg quiet until it no longer hurts him; as he gets better he gets up and begins to limp around; he holds the leg up out of the way and refrains from using it. If we have a sore thumb we hold the hand up and stick it in the breast of our coat, so as to keep it at rest. When we are sick with fever we are tired, we are disinclined to work, our natural inclination is to lie down and keep quiet. Nature makes every effort to keep both us, as individuals, and the affected organs, in particular, at rest when disease attacks us.

Rest is easy to accomplish if one of our limbs is diseased; it is not so easy if a vital organ, the heart, the lungs, the kidneys, are affected. For, sick or well, the heart must go on beating, the lungs breathing, the kidneys secreting urine if life is to be maintained; indeed the disease itself may make excessive demands on the vital organs so that desirable as it might be to keep them at rest, disease or fever, or a delirium for instance, may cause them to work more rather than less than normal.

In single organs, such as the heart or the stomach, this overwork and strain may be unavoidable; in double organs, such as the lungs, the kidneys, the eyes, methods may be found to avoid it for, fortunately, nature has provided all our organs with a liberal reserve, often five and ten times more than we need under ordinary conditions, so that, as in a many-motored airplane, it is possible to put one of the motors or organs out of commission entirely and still carry on efficiently with the reserve. This is true of the lungs. Each breath we draw, in quiet breathing, uses only about 1/7 to 1/10 of the total amount of air that we can draw in and out if we make an effort. It is therefore possible to put one lung out of commission entirely and, if it is not done too suddenly, still cause no feeling of breathlessness or air hunger.

Many of you will know this to be true if you have had air introduced into your chest with a needle -- have had a pneumothorax, so-called, done -- or have watched your fellow patients who have a pneumothorax.

With these facts in mind, namely; that rest is good for a diseased or injured part; that it is a provision of nature to aid healing; and that nature has provided our lungs with a liberal surplus of breathing space so that it should be possible to do without part of this breathing space without drawing too heavily on the surplus, let us see what we can do about putting a sick lung at rest.

We said, you remember, that it was easy to keep an injured limb quiet -- can we not do this with an injured lung? Not so easily. It is true that the act of breathing is partly under the control of our will; that we can stop breathing for a short time, or breathe rapidly or slowly for a short time if we want to, but we can keep this up only for a few moments. Continuous breathing is essentially involuntary; it goes on day and night, awake or asleep, whether we think about it or not. And of course, we have not the power to stop breathing with <u>one</u> side of the chest at will; whatever we do to our breathing happens to both lungs at once. We

have not the power to put one of our lungs at rest voluntarily, as we would one of our hands or feet.

We can put them both at rest to a certain extent by keeping quiet, avoiding exercise or any exertion that gets us out of breath; we can do even more by lying on one side or the other, or by putting sandbags or weights on one side of the chest. We can do s till better by letting air into the chest with a needle, doing what is called a pneumothorax.

This brilliant idea was first put into practice about sixty years ago by an Italian doctor, Carlo Forlanini. Its principles are as follows: When we breathe we draw air into our lungs by expanding our chests. The lungs lie inside the chest; they lie closely against the chest wall, but they are not attached to it. The chest wall has a thin, smooth lining called the pleura, and the lungs are covered with a similar smooth coat. These pleural coats are not normally stuck together, but slide one on the other, so that when we expand our chests the lungs naturally follow, as water would follow the plunger of a pump if we pulled up on it. If we let air into the chest between these two pleural coats, the lung is separated by it from the chest wall and no longer follows it when it expands, just as water will no longer follow the pump-plunger is the pump is full of air. In this way, by putting more or less air into one side of the chest, we can release one lung to a greater or lesser degree from the pull of the chest wall, we can keep it more or less quiet. In fact, if we entirely fill one side of the chest with air we can entirely stop the movements of the lung contained in it. All the air leaves the lung, the lung gets smaller, collapses, as we say, as a sponge soaked with water would if one squeezed all the water out of it; it lies quiet in the chest and tuberculous cavities or other tuberculous diseases that it may contain are allowed to rest and kept from constantly moving back and forth with each breath we take. Evidently this should help the tuberculous inflammation to heal, just as a sore thumb will heal better if we stop using it and moving it about. This principle of rest for a diseased part is what we try to effect when we do a pneumothorax, imitating thereby natural processes.

I fear you may be impatient at this long introduction and I shall come finally to what we are accustomed to look upon as real surgical operations for tuberculosis of the lungs. In them too we seek to imitate natural processes. They are usually used in patients in whom for one reason or another pneumothorax cannot be done, either because we are unable to introduce air in between the two pleuras, or because we should not. We said that normally the lung is not attached to the chest, and that the two pleural coats, the one lining the chest and the one covering the lung, are smooth and moist and slide easily one on another. This is normally so; however, if the pleura has been inflamed, if the patient has had pleurisy, as often happens in tuberculosis, then the two coats become attached to each other, they stick together so tightly that they cannot be got apart; we cannot put air into the chest, there is no space left in which to put it. What then? Then we must look for other means for putting the lung at rest, for making parts of it, at least, stop breathing, for allowing it to fold up and shrivel together, or let scars form there where it was diseased with tuberculous sores and ulcers.

Even when pneumothorax is impossible, when the lung has grown fast to the chest wall, other means have been found of arriving at the same effect. If the attachments to the chest wall are not too heavy and large we can cut them, or by a surgical operation we can push the pleura away from the chest and create a new air space in place of the one that should have been there before. We can, by interrupting the nerve that leads to the diaphragm (the muscle that divides the chest from the abdomen), raise the bottom of the chest and keep the lower part of the lung quiet; or finally, we can remove the ribs from a greater or lesser portion of the chest and allow the chest to sink in together with the lung. This procedure is called a thoracoplasty.

Arriving at similar end results, it has certain advantages over pneumothorax and certain disadvantages.

The advantages are that once done it is permanent, needs no refills and constant medical supervision; it also allows us to put that portion of the lung at rest that seems to need it most, while keeping other portions, that seem to be healthy, intact. Its disadvantages are that it is permanent and we cannot do away with it if we want to, as we can with a pneumothorax, and that, like every surgical operation, it carries a certain risk with it, although a small one. What is this risk, and what are the results of this operation? The risk is small; in good hospitals and in competent hands from 2% to 5%; the risk in our own hospital has been about 2%. And what are its results? The results vary greatly, of course, according to the patients one selects for operation. If one chooses to operate only on patients who are not very sick, whose tuberculosis is not very far advanced, the results will be very good; if one does not exclude from operation any patient who one thinks may derive benefit from the operation, provided the operation seems justifiable in his case, then the results in a large series of patients will, of course, not be so good.

In this hospital we choose for operation those patients who have proved that they have some power of withstanding their disease by the fact that their temperatures are not very high, who have at least one side fairly free from active tuberculosis, in whom pneumothorax has been tried and failed and for whom medical treatment either has been tried and failed, or whose tuberculosis is such that medical treatment seems in our judgment quite unlikely to lead to a cure. We exclude no one in whom operation seems justifiable and who is likely to derive benefit from it. Each patient is discussed by the medical staff and the surgeons, and the possible benefits and possible risks are carefully considered before operation is proposed to him.

Under these circumstances, and grouping all patients together, those whose lungs are not extensively affected and those whose disease is wide spread and who have sometimes very large cavities, we have been able in this hospital to cure about one third and to help another one third, whereas the remaining one third have not been improved. So you see, if you are a patient in this tuberculosis hospital and your doctor proposes an operation to you, you may, if you are of a sporting turn of mind bet two to one that you will be helped if you follow his advice -- and these, in so serious a disease as tuberculosis, are not such bad odds.

What are the after effects of operation? Is it crippling; does it lead to ugly deformities? No, unless the disease for which operation was done is very widespread and crippling, the effects of operation are not crippling. Many patients with thoracoplasties are back at work and are leading normal, useful lives; many of the women have married and have borne children. The deformity is not noticeable when the patients are clothed; one would have a hard time to say which side had been operated upon.

I hope that I have been able to explain to you what we are trying to accomplish by operating on some forms of tuberculosis of the lungs and the reasons for adopting a surgical method of treatment.

---

farewell

Waving goodbye to a friend
leaving on a long sea voyage,
I felt myself receding
from the immovable vessel.

-- E. S.

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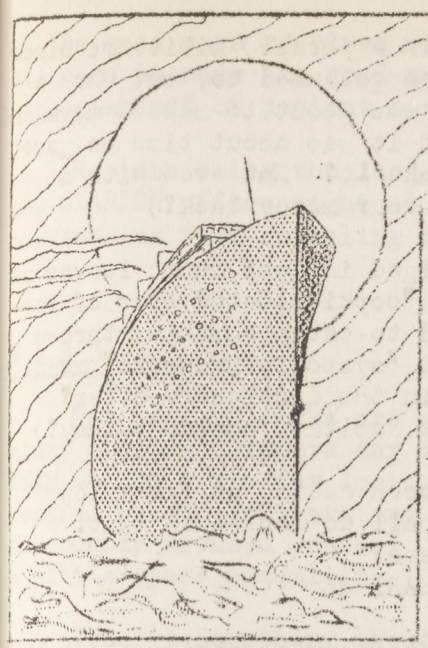

ROUND THE WARDS

... AT S.F. HOSPITAL

WARD 19

We all wish the very best of luck to Nancy Rhodes upon her release from the hospital and a new start in life. We are sure that with her courage, patience and sweet personality success will continue.

○

The little boy on the children's program who wanted to know if there was anyone who could knit should see one Agnes Gallo. She's the knitting instructress of the ward - even has one male pupil, and has received a "To my teacher" Easter card.

○

Dolores Benson, our juvenile problem child (and how!) heard some visitors ask to see Dr. Kasuga, then saw Miss Joyce go into the supply room, and just at that time Dr. Kasuga was paged. Dolores came back and told us, "When they want a doctor all they have to do is just go to the supply room, talk into something and the voice comes out of the box in the hall." We howled, but she insists she was right.

○

All the Brendas and Cobinas are not in society. Ward 19 is the proud possessor of a pair of them. To date we have not been able to decide if they are imitating the New York society debs or the two crackpots on Bob Hope's radio program. We would rather not mention names, but their initials are Audrey Potts and Joy Flynn.

○

This bed business has a tendency to make most of us patients feel like babies but to add insult to injury a few are now starting kindergarten, just belittlin' us weaker and less intelligent ones. We were asked by one of these school students to help solve a particular arithmetic problem, and feeling quite honored we submitted our "sure to be correct" answer. The question was: if 3 X 0 = 0, what would 0 times 3 equal? At least six of us were asked and none was sure of the answer. We still wonder if it isn't three.

-- Z. J.

WARD 23

This is our swan song. We shall no longer be identified officially with Ward 23 for this week finds us (at time of writing, not yet; at time of publication, we hope) safely ensconced at Hassler in Redwood City. We will miss the south porch on 23 and it will hurt us to say farewell to the family of sparrows which has nested in our awning. We braved the rain storms of the past month which inundated Sacramento and Napa Valley and Russian River and the Richmond District and other points in the hinterland all for the sake of the sparrows.

○

We will miss the chess games which filled our days with more than mere time-killing. To paraphrase Dorothy Parker's devastating line about Katherine Hepburn's acting, "They ran the gamut of emotions from A to B." Not only did the chess games hold an important place in the hearts of the players, but our south porch games

attracted the largest gallery of plain and fancy (to coin a phrase) kibitzers since the snake in the Garden of Eden. Vocal kibitzing we soon got used to, but when a bystander snatched a piece out of a player's hand as he was about to make a move and placed it where he, the bystander, wanted it, we thought it was about time we gave America back to the Indians. (What, they still won't take it? Not even with a three months free trial with satisfaction guaranteed or your money back?)

○

This sniping from ambush that J.G. of Ward 25 indulged in last month leaves us a lot, rather than a little, on the puzzled side. That "sophisticated seer of soporifics" bit has a snide smell but then we never learned to catch anything thrown at us left-handedly. Besides, we knew all the time what "systolic pressure" meant, anyway. So there! (Suppose we did want to look it up in the dictionary after? Maybe they could have had a picture of one in its native habitat, couldn't they?)

○

George Nichols, the only porter on this ward, has been asking us for a long time to print the fact that he's THE BEST PORTER. We shall do more than that. We'll give him his name in lights clear across the marquee:

GEORGE NICHOLS IS THE BEST PORTER ON WARD 23

○

Notes on the back of a letter we forgot to mail: Must say something about that swell candid camera shot of Miss Astrid Olson taken on the south porch.....Miss Nelson not only shook her head sadly at a medical student at fluoroscopy last week but shook her finger at him.....Wonder what vestigial function that fountain fulfills in the courtyard?.....The exchange of CLARION communications par avion between H.H. of 25 and E.S. of 23 made us realize how wrong we were for having cheated our way through our Boy Scout knot-tying test.....J.G. said, when we broached the idea of a Letters to the Editor department, "That sort of a department is sine qua non of all magazines nowadays." Littera scripta manet?

-- E. S.

W A R D 2 4

We of Ward 24 have decided to overcome our natural diffidence and let our light shine out. We have some personages, features and attractions that are really worth talking about. We have two patients with more excuse for gloom than any of us; yet they both emanate a courage and cheerfulness that is a real inspiration to the rest of us. One of their radiant smiles is an instant cure for our occasional tendency to a blue or yellow streak. For daily examples of high morale in the face of adversity we shall always think of Jack Paulis and Jimmy McHenry as the top of the Honor Roll.

○

Ward 24 also seems to have a very high content of genius. At the top of the list is that super-diplomat, Charles Kline. Then there is Anders Anderson, who served in the Swedish Navy and now gives us the world's best commentaries on the politics of the Baltic situation. Wm. Turner is the expert prize puzzle addict and Scotty Bremner wins all the lotteries. We often see these two in low bridge conference on how to avert Al Capone's fate for income tax evasion. Ward 24 has a nonpareil liason and news agency in Frank Dorr. After a recent debut to pneumo he had a red tag for a week and we sure missed his twinkling-eyed service.

○

Our poet laureate Leon Bradley is required to observe strict silence, which he aptly describes as a suffocation of the soul. Anyway, it is a more miserable treatment than one would imagine until it is tried a few weeks. Leon says this torture stemmed from the Spanish Inquisition.

○

Several new recruits came to us during the month of March. Of these, George Sousa, Henry Vincent, and others have often expressed surprise and gratification

at the good care received and good spirit manifest on all sides. These new patients all seem to have the good sense and intestinal fortitude necessary to uphold the high standard of patient morale which is the tradition of Ward 24.

Besides being the land of milk and honey, we have the advantage of the Library and CLARION office right at our front door. Lack of space and excess of modesty prevents us from revealing more than a glimpse of our attractions at this time.

-- A. P.

WARD 25

Our pair of Jacks are such ardent Seal fans that we're looking for them to start growing flippers any day now. All during training season, when their beloved TEAM couldn't win for losing we've had our fun. But what to do if they have a successful year? Is there any known way to protect the innocent bystander from a thoroughly aroused rooter? Perhaps our readers can think up a nifty. Nothing like a little spare ammunition.

There's something about a bird lover. There's no rhyme or reason about their behavior but there it is. The reference is to estimable Eddie the Editor who braves wind and storm that his awning may be a nesting place for the bird. And all for the very dubious honor of being a godfather to a flock of sparrows. Which goes to prove that you can't judge a man by the cut of his jib. Does it make him an aviculturist or is he an ornithophile (see Shimano on Semantics). Speaking of birds, can some authority settle the long standing argument about the two brands of seagull that camp in our yard? Just how friendly are the gray and white and the mottled birds? If somebody could settle the question once and for all there would be many more peaceful hours.

Things We'll Always Regret Missing--Herrero's emulation of the Flying Finns in the recent News Cross City Race. Lacking the speed of a greyhound, he still possessed indomitable courage and tenacity, finishing dead last. Imagine being chased by an ambulance, surrounded by motorcycle cops, sirens screaming, the multitudes applauding, and the band playing "The Beer Barrel Polka." Fitting climax to an all-American performance.

Mental Meanderings of a Ward Reporter - What would happen to Jack S. if one of the five spare tires that he carries around his middle had a blowout? Did Ed wear those smoked glasses for dilated pupils, as a disguise (and from whom?), or as protection from the diamond the lady is wearing? Did John M. ever get anybody to ask him how he felt? Add to Modern Miracles - Doctor Wheelwright's proclivities as a muralist with special attention to his genius on anatomical sketches. George Haslett's metamorphosis from the "Young Man on the Flying Trapeze" to a denizen of the diner and general handyman. Frank Shirah, the Southern Gent, and his wrestling match with a crochet hook, with Frank the victor. Tony's Beauty Kit. The durability of the residents of the West Porch. H.H. getting to 24th Street and back without falling apart. With that you've heard all.

-- H. H.

WARD 26

It is not certain yet, but any of the recent earthquakes might have been our friend Laennec turning in his grave. Since the machine age has taken such a hold on our ward anything can happen, and does. We haven't any of the details - maybe the boys were trying to make a few nickels for themselves - but the idea of panning for gold in a sanatorium seems like one of the more creative efforts of Harpo Marx.

Anyway, there they were, a couple of patients busy as beavers with a big bucket of black sand and a regulation gold pan. After much slopping around and many false starts after fool's gold, a piece of the yellow metal was finally isolated. Now, just in case a stampede gets under way to Christian's Creek, we might say that one could hardly toss the nugget about in one's hand; in fact it was necessary to magnify the thing a thousand times before it was any size at all. It looked right pretty then, though. Hi ho, hi ho, so off to work we go.....

Like mining, the shipbuilding and aviation industries are well favored - the former by Johnny W., who has turned out as nice a model as we have seen, while the precocious Chapman Burke turns out good, though ill-fated flying models. Apparently the models were for decorative purposes, but the firmest intentions of the maker were of no avail once the ward members formed a pressure group to get the ship in the air. It flew beautifully, but with no directional stability, and one sickening crash against the building followed another. It was all beautifully realistic but Chappy, who must make about five repair jobs, was soon talking to himself.

Dr. Wheelwright, the dispenser extraordinary of old world charm and American folk songs, did a neat bit of dissecting of K.M.'s own special word "somniloquistically." His erudition was a little beyond us, but we managed to get this much: "it's both an addition and subtraction, but you get a terrific result." (I hope this is only a technical violation of the non-agression pact agreed on by the staff).

Ward Items: It was the height of something or other when Montgomery was caught red-handed eating potato chips about twelve o'clock one night. Some wise guy said it sounded like Monty was inside the bag trying to fight his way out.....Ernie Barkman, after Ye Olde Ribbe Jobbe, says it was just like Grant taking Richmond.....It looks as if "finger-bowl" Fitz got a rain check for all his trouble.....They say Cuneo is looking forward to the next cinema show.....Hear Ye! Ye cribbage players! The team of Norton and Cuneo hereby issue a challenge to any and all players to an inter-ward tournament. How about it?.....One of the refreshing sights of Easter morning was George, our porter, wearing one of the Easter bonnets created by Betty Mallick for the staff.....Gordon Stone insists that some mention be made of my sleep talking. All I can say is that it is a measure of revenge for the wailing banshee that is that Wagenstein apparatus of his.....They call him Harvey "Edgar Bergen" Hansen since that night at the movie show. Only it was an Edgar Bergen without that certain "Savoire faire" of which E. B. seems to have a lot. Anyway, our sympathies go out to Harvey, who when the lights went on, had a hard time maintaining a degree of dignity in the face of the wise cracks from the boys in the gallery.....Has Ward 25 gone into the express business? We notice that the old indian runner, George Haslett, is hitting his stride again.....We close on this note of optimism: Hirsute Henry was overheard to say "Miss Mallick, have you any good scalp conditioner?".

-- J. G.

W A R D 3 1

Easter has come and gone, and in its wake it left a bright array of lillies, tulips, gay colored eggs in gorgeous baskets, chocolate bunnies, etc. And none the less attractive were the easter outfits worn by our patients on that day, among which was a beautiful red mandarin coat worn by our style specialist, Miss Olive Sadler. This was enhanced by a corsage of white gardenias and topped off with a tiara of matching color.

Art has again descended upon us in the form of scrap books, and Bea Coons, Marie King, Sue Low and Amelia Richards are the creators. These are not just ordinary

scrapbooks, mind you, but good solid wooden ones with hinges, upon which are sketched and burnt the most beautiful designs. The very thing to brighten up your den or living room.

We have also in our midst two very clever artists - one who can draw Walt Disney's Pinocchio characters so cleverly she should be on the payroll. We speak of little Ida Cheng, whose drawings should receive honorable mention anywhere.

Our next artist does not use palette and brush, but is one who can take the straightest head of hair and transform it into the most magnificent hair-dress imaginable. And this is Art with a capital A. We refer to none other than our own Dorothy Perry.

Maxine Johnson, Marie King, Emilie Helsinger, Mary Miyoshi and Mariana Free are the contest hounds this month. They have been taking musical tours in all directions, preparatory to entering the Westerner's Contest. Mariana took us on a trip around the world one Saturday morning, which was so good we think the rest will have to whip up to keep in pace with such competition. Anyway, we wish them lots of luck and hope they all find the Pot of Gold at the end of their journey.

-- H. E.

WARD 32

We had hoped this month to pass our column on to one who really gets "round the ward" and is therefore more capable of reporting ward activities than we who get around but not on 32. However, after reading last month's remarks of our co-worker, H.H., implying that Ward 32 might consist of nothing more than a handful of fantastic animals and a few pots of cacti, we feel challenged to come to the defense of our Alma Mater. Our original impulse was to address an entire paragraph to Mr. Hansen consisting of nothing more than "Nya-a-a-a----h!" But that would not only be unladylike and beneath our editorial dignity, but would contribute little toward vindicating the honor of 32.

So-o-o, "Like What You Like" Hansen, we conquer our baser instincts and inform you that Ward 32, situated on the fourth floor of the women's section, is inhabited by approximately 45 individuals ranging in age from seventeen to ? years and representing many degrees and types of feminine pulchritude. They range from petite, blonde Dorothea Kuhn to stately, brunette Louise Hartley, with Toni Verdonk holding the fort for the redheads. (Nora Sandino belonged to this group for a while - and charmingly - but she has recently let us down by going conventional.) Space does not permit us to tell about Clara Ragozzino's black eyes, Helen White's gracious manner, Barbara Freeman's sparkling vivacity - we could go on and on - but if you're not convinced by this time that Ward 32 is more than a "bunch" of yaks, platpuses and mongooses, you'll just have to come and see for yourself.

Forsaking the animal kingdom for the time being, we find our ambitious members with constructive tendencies going nautical. Pat Perry and Bernice Kelly have turned out some right nice miniature ship models in their spare moments, though Bernice's omission of the rope ladders on the masts didn't fool her four-year old son for a split second. This new generation!

And then there was the inspired mass production of paper shamrocks and green hats, and the "Happy St. Patrick's Day" sign which graced the entrance to the solarium until Easter, when there ensued an equally inspired mass production of charming Easter bonnets. These bursts of energy were ably sponsored by Marie Warraner and Fern Chandler and left us, who didn't lift a finger, completely exhausted.

Louise Hartley wants to know who is the gentleman who was deep-breathing and waist-bending on 23's fire escape one recent 6:00 A.M.? After displaying such

exuberance of spirit he very meekly walked down the steps one by one instead of throwing back his shoulders and"striding manfully" down them, which Louise insists would have been the proper procedure.

-- K. M.

...AT HASSLER

MEN'S WARDS

Cecil Rollier, Anthony Zertanna, and Dewey Wellman (the Three Musketeers) have been leading a "life of Reilly" lately in the newly completed Children's Ward down below. They seem to be quite happy about it as they toddle up and down the hill for their meals. We can't figure out whether the whole thing is a sign of approaching senility or whether sleeping in cribs brings back memories of their happy childhoods! How about it, boys? Will you let us play with your rattles sometime?

○

There has been an epidemic of crystal-set building here lately and some of the fellows are really going to town. They realize that a good front is important and as a result their creations have the appearance of 10-tube power sets. However, the fact that a good front doesn't mean a thing unless there's something behind it, is tearfully revealed by Stan Kelly muttering: "I can't seem to get anything on it except KPO!"

○

It seems that "Tex" Findley and Don Mac Cormac are not particularly fond of Limburger Cheese. At least it did not appear that way when well-meaning souls wanted them to have some and tried to make it more interesting by hiding the cheese in their pillow-cases!

○

Here's hoping that Kenny "Sluggo" Wong will not put edible scraps into the refuse can on the porch any more. The last time they attracted all the cats in the neighborhood and we had a feline battle on our hands at 10:30 P.M.

○

The first part of the year saw many of the old gang depart from the premises. Among them were the following: Theodore Shelby, Robert Taketa, Frank Lenci, Arthur Taylor, John Petrovffsky, Raymond Tuttle, Ernest Louis, Guy Johnson, Louis Adelt, Charles Mc Leod, Ah Sing Hom, Chuck Lam Wai, Claude White, Josiah Bosler, Herbert Barnes, William Frank, Fred Reynolds, and Joseph Bauman. Good luck to you wherever you are.

○

Among the new comers since the beginning of the year we are happy to greet Donato Cruzar, Harold Wilson, Alexander Crawford, Josiah Bosler, Wing Jong Yip, Edgar Findley, Peter Frediani, Armando Tomei, Jose Garabito, Leo Baker, Frank Remele, Stanley Kelly, Ernest Tong, Igor Koman, Harold Cissell, Milton Duncan, Robert Flynn, Suey Chin, and Preston Coates.

-- L.S.P.

WOMEN'S WARDS

Dessa Severson, our Daffodil-like girl and shy Rosita Torres have left the farm for their homes.

○

Who is the extravagantly romantic Miss who kissed and kissed the picture of Handsome Tyrone Power on the front cover of a current motion picture with such great ardor? Is her face red!!! A hint? She has black hair and rosy apple

cheeks. We can't tell you any more; it wouldn't be fair.

○

Marie Cisneros offers a bit of cogent advice to fellow nature lovers who are susceptible to poison oak: "Leave the shy shooting star on her wind-swept hill and do not let gay, sallow poppies tempt you over the fence; and blue plumed lupin and rosy towered hollyhock, avoid them though they wave as alluringly as colored banners to you. I have learned a costly lesson and I hope that you will profit by my advice, girls. I thank you."

○

Provocative button conversation: Said M. to R., "How do eight buttons look on my sweater?" R. - "I think that it is too many; buttons have two purposes, you know, beauty and utility." "Well," said M., "Do you think that seven buttons would look better?" R. - "Yes, but six would be still better, but please yourself, my dear, it is your sweater." M. - "Alright, I'll make six button holes this time but heaven help you, my dear, if I have to rip this d--- sweater again!!!!"

○

Evelyn Fong's little turtle winged her way into turtle heaven on March 14. All winter long her body was relatively quiescent which is a normal state for turtles. The approach of spring seemed to evoke her from her lethargy for a few days but she refused to eat any food which was necessary to replenish her starved body and give her new strength. Most of us are convinced that she died of a broken heart for she showed no interest in life after her beloved Oscar went home with Jewetta. Evelyn refused to put her little pet into the cold earth without orthodox propriety. She searched everywhere for a small, suitable box and finally persuaded Mary Tong to part with her cherished red Prince Matchibelli perfume box, which was the analogous shape of a coffin. She placed her little pet in the box and covered it with small, yellow flowering twigs of Australian Broom. In the meantime, Ruby and Butch, our genial factotum, had dug a small hole in the backyard. During the last part of the ceremony Evelyn tried to look solemn and force a few tears to her eyes, but she failed miserably and really looked ludicrous instead of lugubrious.

-- R.V.K.

○

RADIO TALKS ON TUBERCULOSIS

DATE	SUBJECT	SPEAKER
May 3	Extra Pulmonary Tuberculosis - Bones	Frederic C. Bost, M. D.
May 10	Extra Pulmonary Tuberculosis - Intestines	Fred H. Cruse, M. D.
May 17	Extra Pulmonary Tuberculosis - Larynx, Ear, Pharynx	Lew Morrison, M. D.
May 24	Extra Pulmonary Tuberculosis - Eye	Hans Barkan, M. D.
May 31	Tuberculosis Associations - The National	Chesley Bush, M. D.

STATION KSFH FRIDAYS at 1:30 PM

ALLERGY AND IMMUNOLOGY IN TUBERCULOSIS

B. L. FREEDLANDER, M.D.
Assistant Visiting Physician, U. C. Service

When a patient hears the words "immunity" and "allergy," his first thought is "My, what big words these are. They must have a very complex meaning, and must be much too difficult for me to understand." This is not the case at all, as doctors frequently use big words to mean simple things.

Let us start with what we mean by the word "immunity." Immunity means protection. When a person is immune against some disease, whether it is small-pox, diphtheria, or tuberculosis, he is protected from getting that disease. After a person has once had smallpox, he will never get smallpox again; he is called immune to smallpox. Likewise, if he has been vaccinated against smallpox, he is also immune or protected from smallpox. After a person has once had diphtheria, he is immune to diphtheria.

Immunity has the same meaning when applied to tuberculosis, with the exception that in tuberculosis he is only partly protected from getting active tuberculosis. This partial protection will be sufficient to prevent him from breaking down again, if his habits of eating, sleeping and exercise are carefully watched.

The immunity of tuberculosis differs in other ways from that of diseases like smallpox or diphtheria. In tuberculosis the germs causing the disease remain in the body for several years after the patient is arrested or cured. These germs are tucked away in the glands or in other parts of the body in the arrested case of tuberculosis. They are held imprisoned in these places by a circle of scar tissue which prevents them from getting out. The tubercle bacilli sort of sleep or hibernate in their little prison in these glands. They do not grow or increase in number. However, strange as it may sound, by their very presence they are protecting the body.

Whenever tubercle bacilli are present anywhere in the body, that person will have a positive tuberculin skin test; and because of this positive tuberculin skin reaction that person will have some immunity or protection against getting an active tuberculosis. We have no way of knowing exactly how much protection a certain individual has because of his positive tuberculin reaction; in some persons it will be much, and in other persons not so much. The size of the skin test does not tell us how much immunity the patient has; it merely tells us that nature is attempting to protect him. The tuberculin skin test does not tell us whether the person has tuberculosis; it tells us that tubercle germs are tucked away somewhere in the body. As a matter of fact, very few people with a positive tuberculin test are sick with tuberculosis; the great majority of those with positive tests do not have tuberculosis.

This brings us to the subject of so-called "allergy." By allergy is meant "sensitive;" how sensitive you are as shown by the tuberculin skin test. Now, what is tuberculin and how is the test done. Tuberculin is the juice which is extracted from the tubercle bacilli, after they are killed and ground up. The tubercle germs are so small that it takes many millions of them to make a small amount of tuberculin. The fluid obtained from these tubercle bacilli is filtered and diluted with water; a very small amount of this fluid is then injected into the skin. If the test is positive, we say the person is allergic, which, as we said, means two things

(1) tubercle germs are present somewhere in the body, and (2) that person has a certain amount of immunity or protection. These live tubercle germs in the body secrete tuberculin, which makes the skin and other organs sensitive to this tuberculin. This is similar in action to the effect of grass or flower pollens on hay fever patients. The lining of the nose, as well as the skin of these people is sensitive to certain pollens; whenever they are near these flowers they will have an attack of hay fever; or if we inject these pollens into the skin we get a red mark. We say these hay-fever patients are allergic (or sensitive) to these flowers.

The fact that the tuberculin test is positive seems to frighten many well people because they think that if the tubercle germs are in the body, they must have active tuberculosis. As we have said, very few of these persons have tuberculous disease. The allergy, or sensitiveness, which results from the presence of a few tubercle germs in the body, is in itself a form of immunity, because by being sensitive to the poisons given off by the tubercle bacilli (tuberculin), the body is ever ready to overcome these poisons. It is like being warned of an enemy attack in advance. A positive tuberculin test means the lungs and other organs of the body are ready to attack these poisons or the tubercle germs themselves as soon as they appear.

Now, let us leave this subject of tuberculin and allergy for a moment. In addition to getting some immunity by having tubercle germs in the body, there is another form of protection which we call "natural immunity." Every individual is endowed from birth with some protection from getting tuberculosis. We cannot measure how much this protection is, but if we did not have it, everyone would get the disease of tuberculosis the first time they inhaled any tubercle germs. It seems that the lungs of some people are not fertile soil for tubercle germs to take root in. When the soil is poor we call it natural immunity. Some races have more immunity than others; the Negro and Oriental races have less natural protection against tuberculosis than other races.

Now, perhaps we can help clarify this subject by asking ourselves a few questions.

1. How many people who are well have the tubercle germs in their body without having tuberculosis?

For every person who is sick with tuberculosis, there are some 60 people who have a positive tuberculin reaction. Some patients are frightened because their children have a positive tuberculin test. There is no cause to be unduly alarmed. There is small likelihood of the child having active tuberculosis. The doctor merely wishes to keep such a child under observation, and examine him from time to time to be sure that the few tubercle germs in the body never get out of their little prison of scar tissue.

In the high schools of San Francisco, some 20 thousand children have had the tuberculin skin test so that an X-ray can be taken of the positive reactors; one out of every 3 students gave a positive skin test, but only one out of every two hundred had tuberculosis.

2. Now, let us ask ourselves the question, "Are the few tubercle bacilli which are tucked away somewhere in the glands of a healthy person, and which cause a positive skin test but no disease, are these germs apt to escape from their prison and cause active tuberculosis?"

We can say there is extremely little likelihood of this occurring if the person has good habits, eats well, and does not overwork. If the person abuses himself,

then these germs may escape and cause the disease.

3. Now, for another question. How can a patient who is sick with tuberculosis increase his immunity?

By resting, both physically and mentally, he can increase his immunity. The lungs of a person infected with tuberculosis ordinarily expand and contract with breathing about 24 times per minute. With adequate rest this can be cut to about 18 times per minute which is relieving the lungs of 25% of their work. When this is insufficient, some form of surgery such as pneumothorax or thoracoplasty may allow the lung to rest more. (editor's note: see the article entitled "Surgical Treatment of Tuberculosis of the Lungs" by Dr. Leo Eloesser on page 3 of this issue.) The less the lung has to move, the fewer poisons can escape from the diseased area. Fresh air, good food, and mental rest all increase immunity. Mental rest is important as the person with disturbed thoughts is apt to breath more rapidly and sleep and eat poorly. Therefore, you see that you can increase your immunity by cooperating with us in your cure.

Nature has given you the proper machinery in your body for creating enough immunity to get well. There are three of us working together: first, nature, second, your doctor, and third, yourself. If we all pull together, there is little doubt regarding your developing enough immunity for your ultimate recovery.

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

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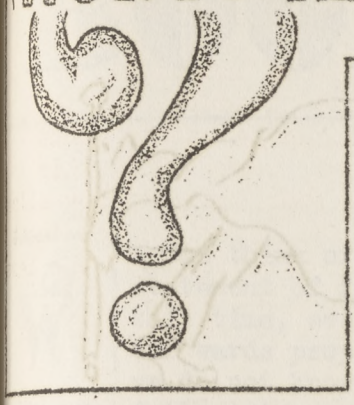
MEDICAL INFORMATION, PLEASE



Q. - What causes a wheezing noise in the lungs?
A. - Obstruction in the air passages. It may be temporary as from sputum or permanent as from scarring.

Q. - What does dense mottling mean?
A. - So many areas of disease showing on a given area on the X-ray film that few rays are transmitted through it.

Q. - When does fibrosis begin to form?
A. - About as soon as the disease develops. The disease, tuberculosis, is usually a battle between destruction in the center of involved areas and hardening of fibrosis at the periphery.

Q. - Is it better to force food or to eat moderately?
A. - It is best to gain at least ten pounds over one's usual weight if possible, without stuffing to such an extent that one upsets the digestion.

Q. - What are the risks in taking pneumothorax?
A. - The chief risk is that fluid will form in the pleural cavity and remain so long that the lung will be covered with a thick membrane like leather thus preventing expansion and restoration of function when the treatment is over.

Q. - What is meant by intrapleural pneumolysis?
A. - (Should be pneumoNOlysis; pneumo refers to air, pneumono to lung.) Freeing the lung from the chest wall by entering the pleural cavity. It is usually done by a telescope and a burner.

Q. - What constitutes a "hemorrhage case?"
A. - When one spits up a teaspoonful of blood or more.

Q. - What causes a rapid pulse?
A. - Many diseases cause a rapid pulse, such as hyperthyroidism. In tuberculosis it may be an indication of activity. However many patients who have gained a good deal of weight may have a rapid pulse which subsides with exercise.

Q. - What is the difference between a lesion and a cavity?
A. - The former merely indicates a spot of disease -- if there is a hole in it, we speak of a cavity.

Q. - Is there such a thing as a healing pain in pulmonary tuberculosis?
A. - Probably there is. In healing the lungs become less elastic for a time and in some instances "stick" to the chest wall. It is doubtful if the pain from these causes is ever very severe.

Q. - Are carefully graduated sun baths now regarded as beneficial in cases of pulmonary tuberculosis?
A. - No.

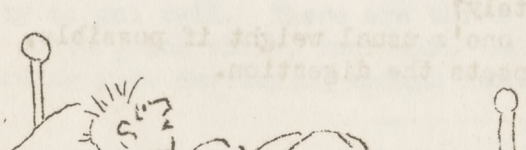
Q. - When all cavities are healed, should the sputum become negative?
A. - Yes.

(Questions answered by S.J. Shipman, M.D., Chief of U.C. Tuberculosis Service)

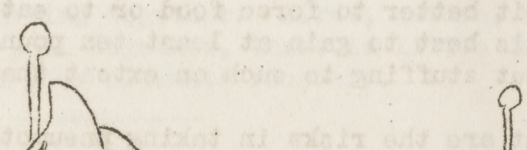
Getting out of Bed on the Q. T.

1st Stage

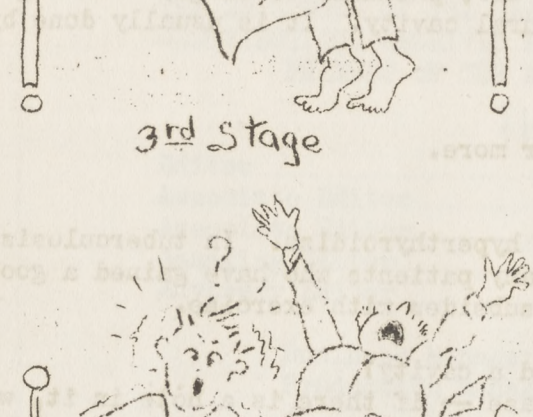
2nd Stage



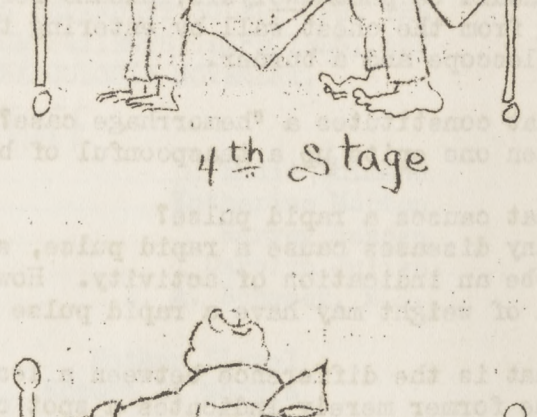
3rd Stage



4th Stage



5th Stage



Back Stage

-- Dorothy Levy

BOOK NOOK

THE BOOK CART

We can think of no better way of announcing this event than by the simple statement of fact: the book cart, long-awaited, has finally arrived! By this time, everyone must have seen it for it has gone through every one of our wards propelled by Mr. Morris and accompanied by the librarian. As yet, we do not know how often the cart will serve each ward; we do know that it will take daily trips, visiting each ward in succession. We feel that, in spite of the difficulties of getting through doors and in and out of elevators and dodging gurneys, it is a success and will be a great boon to both the omnivorous and the casual reader.

To the person who reads voraciously, the coming of the book cart will mean a week's supply of reading material all at once, a thing hitherto impossible simply because it was impossible for the librarian to carry that many books about in her arms. And to anyone who reads voluminously, a week's reading supply is a godsend. To the casual reader, the coming of the book cart also means good news since his finicky reading appetite can make a choice from about a hundred books.

There are a few simple rules necessary to make the entire procedure work out most favorably for everyone. Paramount among these is: please return all borrowed books to the book cart and not pass them along to other patients. A card is made out for each book that is borrowed for only in this way can a check be kept of the books in our library. If we are ever to have a library of five thousand volumes, it is necessary to see that every book in our library is accounted for at all times, otherwise many books will be lost as has happened previously. This, we want to avoid.

It is a strange thing, indeed, but somehow it seems that books have a predilection for getting lost, or borrowed and not returned, or passed along to others as though the book really belonged to the passer-on. (Relative to this; up-patients who go to the library are asked to be sure that someone in authority checks the books taken out.)

There are no other restrictions, no time limit, no fees, no red-tape attached to getting your reading material from the book cart. There have been more books borrowed in the past two weeks since the book cart system has been put into effect than in the past two months. We are glad of this four hundred percent gain in readers for it is exactly what The CLARION has been striving for.

But, now that we have a rapidly increasing reading public, we feel more and more keenly the lack of books in our library, both quantitatively and qualitatively. We are grateful for the books that we have received to date and we take this means to acknowledge our gratitude to the donors. Yet, it remains a truism that it will not be a few donors with several books to give us that will build our library, but several donors each with a few books. This will mean not only a numerical gain to our library but also increase our variety of books. We appeal to all of The CLARION readers, or to any of them, with even a single book that they're willing to give us, to please help our library reach the "five thousand books" goal.

—Carolyn Julian

THE YEARLING, Marjorie Kinnan Rawlings

This simply written, picturesque story of boyhood is a deftly handled piece of fiction crowded with comedy of character, with full-bodied folk wisdom, and with the silence and the excitement, the ultimate noise and accumulated natural history of the backwoods hunt. The author has given a careful picture of a strange country about which virtually nothing has been previously written, and her descriptions of Florida scrub landscapes are convincing.

Not in a long time would one meet a set of characters who are so close and real as those in this book. Jody Baxter, son of the farmer and huntsman, Penny Baxter, is one of the most charming boys I have yet met in the realm of fiction, and this story of a year in his life and of the tender relation between him and his pet fawn, Flag, should stand a good chance, when adults have finished with it, of finding a permanent place in adolescent libraries.

-- Reviewed by Sam McMunn

CORONET, Manuel Komroff

In a little goldsmith's shop in the city of Florence in the year 1600, the silver whip of a Russian prince was repaired and a coronet created for a French count. Down through the years, the silver whip and the gold coronet appeared, and with each appearance there followed nothing but evil. "Evil springs from the dark core of the world and brings with it life. And things without flesh and blood, things void and dead, begin to stir," says Komroff in an inscription to the First Book. And the inexorable evil inherent in these two inanimate objects touched the poor and the rich, the lowly and the mighty, leaving behind a trail of tragedy.

The poor, the lowly: Jobey, the scavenger, Hippolyte, the blacksmith, Herpin-Lacroix, the jeweler, all lost their most precious possession - their peace of mind and contentment of the soul. The high, the mighty: Napoleon, with the Grand Army of half a million men, began his long march to Moscow to conquer Russia. Instead, after the burning of Moscow, Napoleon was forced to retreat to Paris in the dead of winter with his nine thousand survivors of the former army of half a million. Eighteen days from Paris, goaded on by the realization that he would have to arrive in the city before the true news of his overwhelming defeat reached his rivals, Napoleon, with two aides, began his day and night ride to the capital city. Stuck in his boot, to speed his mount, was the silver whip. Frederic Chopin, musician, Honore de Balzac, writer, Nietzsche, founder of the intellectual superman, and finally (in our generation in Chicago) George Mallet, "the little Napoleon" of hog-butchers, find their lives inextricably linked with and dictated to by the evil and fatal destiny of the coronet.

-- Reviewed by E. S.

THE SEVEN WHO FLED, Frederic Prokosch

This semi-mystical story of the Orient is written in a lush romantic style by Frederic Prokosch who is reputed never to have visited the locale of which he writes. Yet, withal, there is an element of realism injected into the fantasy by an adroit use of technical tricks and stereotypes of misinformation. The framework of the book lends itself readily to this type of treatment. Seven Europeans, caught in a political maelstrom in Kashgar in the province of Sinkiang, are forced to flee that city because of the edict that all Europeans leave the locality. Of the seven who fled, only four reached Shanghai, and the book tells the story of the hazardous flight. This is no ordinary adventure story; for the record, let it be mentioned that it won the Harper Prize Novel Contest of 1937.

-- Reviewed by E. S.

moments

As Agnes Newton Keith, author of "Land Below the Wind," set sail for Borneo with her husband, she turned to him and said, "I will never forget this moment. I am doing what I would rather be doing than anything else in the world, with the person I want to do it with. Some people may live a lifetime and never have a perfect moment like this."

While it is true that not everyone can sail for Borneo, there are in everyone's life some little unforgettable moments, a few of them perhaps insignificant except in their influence on the beauty and happiness in one's life. Sometimes one little perfect moment can balance many misfortunes and such a moment is something that can never be taken away. It leaves its stamp of perfection and makes one realize that the world is full of many beautiful things.

In my own experience I remember an incident that occurred while I was still in high school. One of my friends was a girl whose family had a cabin in the mountains where we spent many weekends. One day we had been hiking along a mountain stream when we stopped to rest for awhile on a rock. Everything was so beautiful. The sun was shining brilliantly, the oak leaves were rustling a little on the ground, the water was splashing over the rocks, and the sky was a lovely clear blue. All at once all the beauty and happiness in the world seemed concentrated in one place at one moment. We spoke our thoughts and agreed that at that instant we would rather be there than anywhere else in the world. It was a perfect moment and one that has made oak trees and mountain streams always especially beautiful.

There are many small experiences that may well be a part of everyone's life, making it happier and helping one to appreciate beautiful things. Perhaps the perfect moment may be only a beautiful sunset, a rising full moon, or the first robin of spring. It may be a particularly fine interpretation of favorite music or it may be just a thought shared with someone. Whatever the occasion is, sometimes a fleeting moment shared with another can leave a lasting impression that represents enjoyment in its fullest sense.

Fortunately everyone need not sail for Borneo to find a perfect moment because it may be found any place, wherever there is a desire and keeness to see and feel beauty and wherever there are friends with whom to share experiences.

-- Helen White

morality

You can speak learnedly of morality --
you who have never met your love
and walked hand in hand with her
into the godliness of the sunrise
nor felt the purity of the matutinal breeze in your face
cool and fresh and clean.

-- E. S.

horse sense

The expression that one has or has not "common horse sense" has always been a very pertinent saying to me. Because my early youth was spent with horses as my main source of interest and companionship, many instances came to my notice showing that horses not only have common sense, but USE it.

My father was a great horse lover and was well known in the midwestern state where we lived for his successful taming of wild horses. He made a business of training them for riding or driving, or both.

One of my earliest recollections is of an old grey mare we used solely as a buggy horse. We lived on a ranch several miles from town and on our infrequent trips to the metropolis, which boasted at least five hundred inhabitants, we always drove old Nellie. Her serene disposition allowed her to contentedly drowse at the hitching post until such time as her services were required again. One beautiful spring day, in mid-afternoon, I suddenly became very tired of playing around the barnyard with the chickens, pigs and my pet goat, and decided Nellie should take me for a ride out into the pasture. I got her from the corral and climbed on her bare back and, with only a rope around her neck, headed her for the far end of the pasture. I was very careful not to let my Mother, who was busy in the house, see me. Dad was on an errand at a neighboring farm.

Nellie apparently did not want to be annoyed with me, so instead of dumping me off unceremoniously and possibly hurting me, she walked to a small, shallow pond several hundred yards from the house and lay down in the water. Well, there was nothing for me to do but wade out and walk home all wet, muddy and generally bedraggled. I dallied along hoping my clothes would dry enough so I would be able to get by my Mother's critical eye, when I ran smack into my crowning humiliation. As I neared the house I heard my Father and Mother roaring with laughter, and upon entering, discovered that Dad had driven into the farm yard in time to witness the entire episode and was relating it to Mother.

One time, I remember, a very well-to-do man of the county brought a beautiful span of buck-skin colored horses to Dad. They were perfectly matched and had been partially broken to the saddle. The team was turned over to Dad to be thoroughly broken to ride and drive, as they were to be used by the wife and daughters of the owner. One of the horses was exceptionally mean, and when he found, after repeated efforts, that he could not throw Dad, he fell over backwards and caught Father's leg under him and broke it. Another man finished breaking the team. Every year Dad took care of these horses when the owner and his family went to their summer home in the mountains. That one horse never forgot that he had thrown Dad, and every time my Father mounted him, this horse would try to throw him again. It became a regular game between horse and man. However, he never tried the back-fall again, as that is very dangerous for both horse and rider.

I remember very well a beautiful dappled grey stallion that was brought to Father to be tamed. He was really mean. He had to be hobbled, both front and hind legs, and his halter fastened to the side of the stall as well as the manger, for he would kick or bite viciously if given the slightest opportunity. One of the first steps in breaking a horse is getting him used to the saddle. This is done by tying the horse up securely and blind-folding him. After the saddle, or its counterpart, is in place, carefully start untying him, but leave the blind until the last, and it is always advisable to be practically over the corral fence when you flip it off. This is done in a pole corral so the horse, in lunging and bucking, will not seriously injure himself. After the horse is used to the saddle, the trainer then starts

mounting him. The first time Dad took hom out of the pole corral into the lane leading to the county road, he took the bit between his teeth and pitched squarely into the barbed wire fence. He tore his chest and right foreleg very badly, necessitating several stitches. The wounds had to be dressed every day, and so long as they needed attention, Dad could do anything he wanted to, with or around this horse without being molested. As soon as the wounds were healed enough not to require dressing, the horse informed Dad of the fact by taking a nip out of his arm and practically kicking him out of the stall. His training had to be started from the beginning again. When it was completed, he was a beautiful, spirited mount.

Here is some advice from an ex-bronco-buster's daughter: never try to guide a horse over a dangerous road or path, just give him his head and he'll get you safely to your destination, no matter how dark the night or dangerous the road.

-- Fern Chandler

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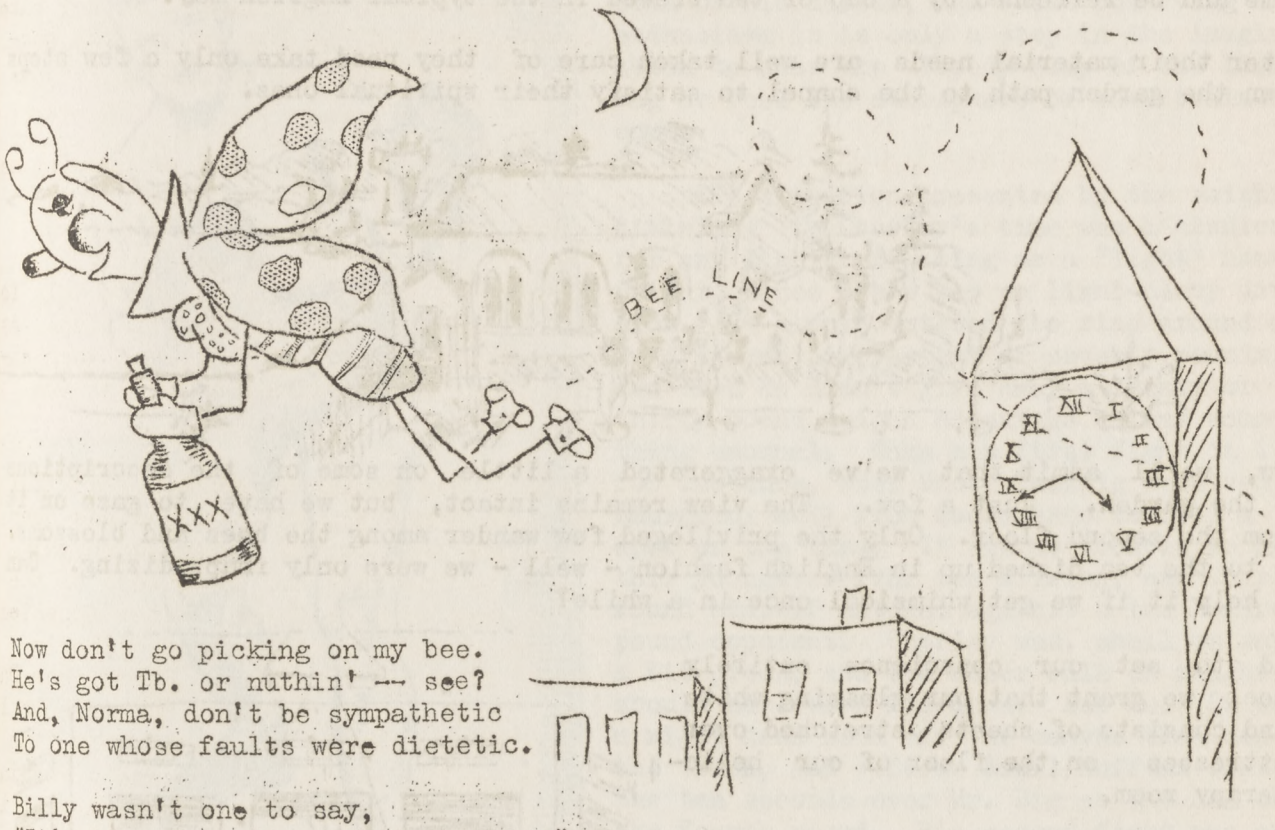
more on billy the bee



Now don't go picking on my bee.
He's got Tb. or nuthin' -- see?
And, Norma, don't be sympathetic
To one whose faults were dietetic.

Billy wasn't one to say,
"It's time to quit and hit the hay."
He'd shout, "Let's have another round!"
And then by morning would be found
Beneath a table in some dive,
Instead of snoozing in his hive.

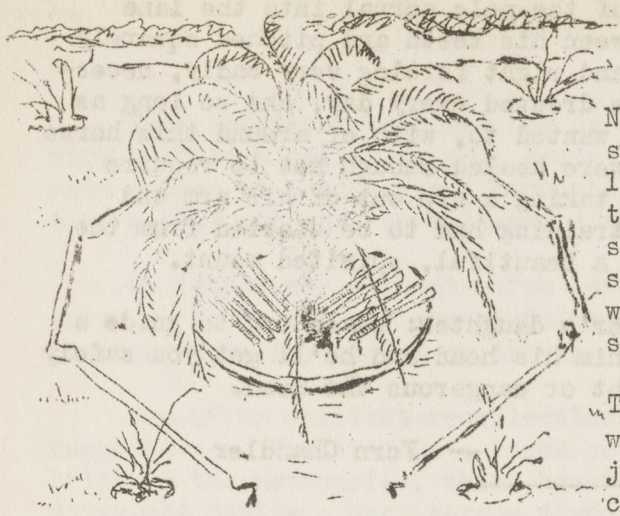
Billy was a lot too brash.
His troubles were not caused by rash
But were the logical conclusion
Of wild and indiscriminate effusion.

Now listen, Lady Fair, to me:
I created this here bee
And you can't make him out a Saint
Or anything he really ain't.

I like him bad and loud and mean
With ears that aren't so very clean.
Yes, Norma, 'tis a big mistake
To say that Billy's not a rake!

-- Don MacCormac

nelson beach



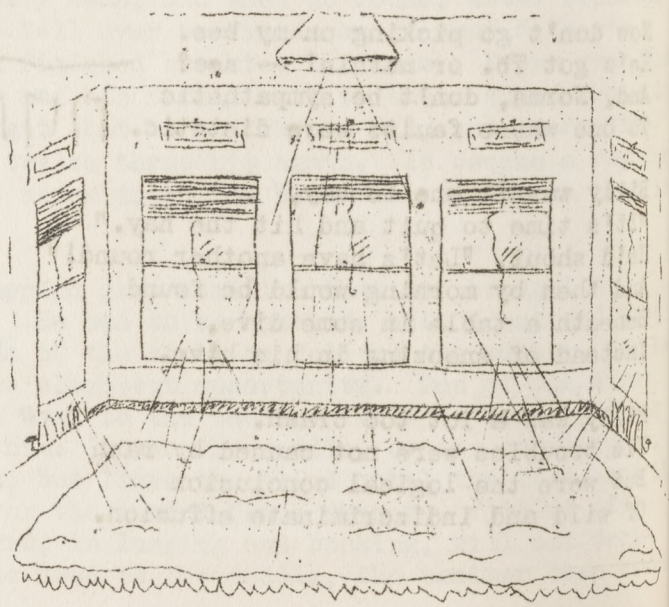
Nelson Beach is one of our most interesting spots, and its location is unique to say the least. It is situated on the second floor of the San Francisco Hospital. There the patients stretch themselves out on the gleaming white sands -- just like Carmel! -- enthusiastically wiggle their toes (not going in for the more strenuous type of exercise).

The Beach overlooks a lovely garden filled with flowers, shrubs and fruit trees. As to just what variety of fruit trees they are we can't say. The bees did a grand mix-up job with pollen long ago. The favorite spot in the garden is under the palm tree seated on one of the green benches. Here one may go after reclining in the sun for the allotted time and be refreshed by a cup of tea brewed in the typical English way.

After their material needs are well taken care of they need take only a few steps down the garden path to the chapel to satisfy their spiritual ones.

Now, we'll admit that we've exaggerated a little on some of the descriptions of the garden. Just a few. The view remains intact, but we have to gaze on it from the second floor. Only the privileged few wander among the bees and blossoms. As to the tea dished up in English fashion - well - we were only rhapsodizing. Can we help it if we get whimsical once in a while?

And to set our conscience entirely free, we grant that our gleaming white sand consists of sheets stretched over mattresses on the floor of our helio-therapy room.



Nevertheless, one exuberant patient almost convinced us that he actually had sand in his ears !

Dorothea Kuhn

SPORTS

John Grahame — W. MacAvoy

CHARLEY HORN

There is perhaps very little to write of Charley Horn and his fighting career that has not been recorded by sports writers of another day. A thick book of yellowed clippings is proof enough of this. But it seems that if anything might be worthy of a little reflection it would be the reminiscences of one like Charley who was not only at the ringside during those brilliant days "when fighters fought," but was actually there inside the ropes throwing leather with the best. And we take the word of Jack Olcott, who owned a cafe in Taft, in the back of which Horn did his training during his oil-field campaigns, that, "he sure had a wallop in that right hand." This veteran is still the figure of a fighter a score and more years after the peak of his career, and while observing his enthusiasm it is only a step in the imagination to hear the slapedy-slap of the light bag or feel the atmosphere of some training camp.

The situation presented by the weight divisions in Charley's time was a handicap for any fighter fighting as a "light" heavyweight, since there was no light-heavy division. He always entered the ring around one hundred and sixty-eight or seventy pounds, and when he didn't give away a twenty or thirty pound weight advantage it was something unusual. Take his first fight in 1910 for instance, when Moose Taussig received an emergency call from Sacramento to fill a spot on the card. It was no trouble to get this youngster from the Mission, and Charley found himself matched against a two hundred pound opponent. Charley was, shall we say, a bit green, and the sheer bulk of weight should have worn him down. But no. It was a right hand sock off the canvas that did the trick, and referee Ancil Hoffman counted the ten seconds over Mr. Big at the end of the fourth round. His second fight was another substitute in Oakland which Horn took care of with a one punch knockout.

Early round knock-outs over heavier opponents was the rule from here on, and his popularity and black headlines grew apace. It was the old Dreamland rink that saw the Potrero Kid begin his record of eighteen straight victories, fifteen by early round knock-outs. This was in the days of the four round fights. When under the direction of

the well-known Tim McGrath, Charley met and defeated such fighters as Jim Morse, Rufe Cameron, "Red" Smith, "Denver" Jack Geyer, "Soldier" Quinn, "Fireman" Jim Flynn, Pete Dayly, Kid Lester, "Porky" Flynn, Dan Morgan, Mark O'Donnell, Fritz Fry, Battling Brant and some others.

"Gunboat" Smith was the first fighter ever to take the measure of young Horn, and observers agreed that it was poor judgment on the part of his handlers to force such major competition on the twenty year old kid. There was a return bout with the "Gunner," however, and this time Charley fought a good draw.

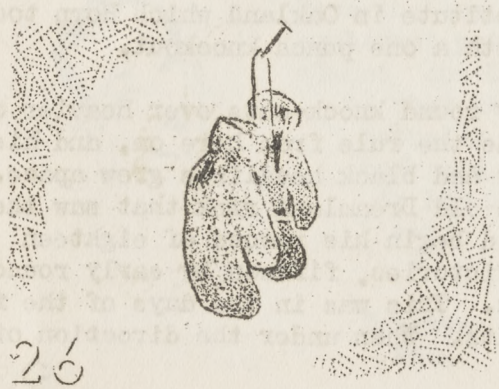
The "Pittsburg" Frank Moran bout was probably the toughest and most important for Charley. This was before Moran went to Paris to fight a twenty round draw with Jack Johnson. Until Horn broke his right hand in the seventh, it looked like his fight, but decisions in those days tended to go to the fighter making the stronger finish, and Moran was successful in carrying the fight to Charley through his slowed offense. It was not a popular decision. Two years later, Moran gave Jack Dempsey the toughest fight of his career, Dempsey winning in twelve rounds. Another notable bout was a four round decision over Jim Cameron, this after Cameron had beaten the famous "Mysterious" Billy Smith.

In the oil-fields around Bakersfield, Charley cleaned up on all competition in sight with a sixth round Kayo over George Brown, a twenty round Kayo over Jack Lester, and twelve round knockout over Al Norton. A twenty round draw was fought with "Kid" Keneth, "The Pride of the Oil-Fields," and we have it from Jack Olcott that it was a gamblers' decision.

There followed a brilliant campaign in Australia. In 1914 Charley went undefeated in five bouts and went ten rounds to a draw with Tommy Burns. Then the National Sporting Club in London had Charley signed for a show, but the outbreak of the World War forced the cancellation of steamship passage. Here was another one of those unfortunate circumstances which, like a slight build in the heavy division, seemed to plague a promising career.

In 1914 when the state of California put a ban on boxing in the state, the national spotlight shifted to the Eastern arenas and left Charley faced with a tough economic problem. He managed to Kayo this situation with a cafe business in Millbrae and became the colorful "Mayor" of Millbrae.

One of his recollections is concerned with experiences as sparmate for Jess Willard when Willard was training for a bout with Gunboat Smith. It wasn't stated as a fact but we don't think there is much doubt in Charley's mind regarding the outcome if he were ever matched with the big Cowboy. Willard's managers had a way of letting Charley have the day off whenever the newsmen were at the old Cliff House training quarters. They couldn't afford too many occasions such as the time Charley put Jess on the canvas in no uncertain fashion.



How close Charley came to real fame is, of course, debatable, but if we take the word of his old manager, Tim McGrath, who wrote a column for one of the local sporting pages, it was pretty darn close. Right now he is in Ward 22 as a member of Doctor Geiger's Exclusive Men's Club, but it won't be long until he is on the outside and punching the bag again.

— John Grahame

more SPORTS next month!

TIMBER TOPPERS

By quoting a recent issue of the Call-Bulletin we can not only introduce our subject of this piece, but authenticate it to some extent: "WALT SPURLING, popular Bagdad Bowl floor manager....." Walt is on Ward 26, which made him easily available for some dope on bowling -- he readily cooperated when asked for some info: "Sure, I'll help; what would you like to have me do? "Just talk -- and we'll use it against (or for) you."

He rambled on about his favorite sport, telling us that perhaps aside from skiing, bowling is the country's fastest-growing sport. San Francisco's Ora Mayer, former champion of the American Bowling Congress, seemed to elicit more enthusiasm from Walt than any other item in his talk. "Ora is good enough for any league right now. His 200 average in the Bagdad Classic League easily proves that," rhapsodized Walt.

The score "200" meant only 200 to us, so we asked for a comparison of that average to some other sport. "Well, a fellow bumping the maple pins over with a sixteen pound sphere of mahogany for a 200 average might be comparable to a major league ball player banging out a .380 season." Obviously, this San Francisco boy, Ora Mayer, is good. Curiosity compelled us to ask Walt what side of that 200 average he was on. "Around 190 has been tops for me." Considering Mayer's 200 -- and he's a former champ, remember -- well, Walt wasn't so bad, huh?

-- W. MacAvoy

Putting Them On THE SPOT_ _ _

JACK OLCOTT says the Seals can turn the trick. He has the pennant flying out on the 16th & Bryant ball orchard for both sentimental & sound reasons. Jack wants to know who's going to have a better pitching staff. Reliable Sam Gibson, old game-saver Pard Ballou, Powell, the Boston-bound left-hander, Guay, the Seals' next big league prospect, & Stutz, Jorgens & Lefebvre are Jack's reasons for selecting our home-town boys.

JOHNNY FITZGERALD agrees with Olcott by adding that Burns & Barrett will do well enough to assist last year's hold-overs & carry them to the top.

EMMET NORTON says it's the first time he & Fitz agree. Emmet thinks the Mill Valley marvel, Bob Jensen, will deliver before the season closes. Dasso, coming out from Boston Red Sox in part payment for Dom DiMaggio, may be a help. He hopes Dasso anyway. (OUCH!)

ERNIE CUNEO, with eloquent gestures, shouted at the bottom of his voice that Hollywood, despite the blinding colors in its uniforms, can & will swipe the flag this year. Come, Ernie, is that a selection based on conviction or one to annoy your pals, Fitz & Norton?

KENNY MEYERS goes north for his choice. He admits of home-town favoritism (Okay, Kenny, so do we) & picks Seattle to knock over the other seven clubs. But, adds he, they're just as good as last year when they lost a tough series to the Angels for the Shaughnessy play-off honors.

REILLEY, the dean of 26's orderlies, likes L.A. The Seals? Too young; he thinks they'll fold up, while those veterans on the Angel club will out-fight, out-fox & out-last other favorites.

J.G., the originator of this sports page idea, has gone into a seance and shouts (gee, Grahame, MUST we tell 'em?), "Portland on top from start to finish!" (Oh, me.)

-- W. MacAvoy

by & about people you know in SPORTS!

CHILDREN'S CORNER

WARD 29
PRESENTS:

SPOT
Don Marsh
age 12

THE GOLDEN COCKEREL
Santiago

Charles
age 10

THE GOOD
GUY ALWAYS WINS!

Wing Lee

Yoshitoki Takahashi
Age 12

Quote and Unquote

March 25, 1940

Dear Ed:

What! Curtail the Ward Roundup! Cut not a single vowel (nor consonant).

J. G. and I were talking and I maintained that in Katherine's talk (editor's note: CLARION staff program over KSFH 3/8/40) she had said that in going over other publications she found that they dealt mostly in personalities, and that that would not be your policy; and I said that I knew the type of trivialities to which she referred, but you had set a much higher mark. J. G. said that you intend cutting down the Roundup and he and I agree it would be wrong. This is your main feature.

Katherine (I seem to be picking on K.) also spoke about the impression The CLARION had made. Good. Keep up the high standard of work, but do not lose sight of the fact that the paper is primarily for the patient and his interest should be considered first.

From the few patients to whom I have had the opportunity to talk I would say that the reader interest revolved around the Ward News and the educational features (i.e., articles and Q. & A.).

Congratulations on what you have already accomplished.

Best wishes.

Gordon B. Stone
Ward 26

March 22, 1940

Dear Editor Eddie:

I am sure The CLARION will be a valuable addition to our exchange list..

My kind regards, and I hope you make The CLARION the outstanding TB publication in this land.

Carey Holbrook, Editor
Health City Sun
Albuquerque, N.M.

March 18, 1940

Dear Mr. Shimano

.....may we say that you have a fine publication and we are very glad to be able to exchange with you.

Our best wishes for the success of The CLARION.

Edna Rhodes, Co-editor
The Scandal Monger
Wish-I-Ah Sanatorium
Auberry, California

March 4, 1940

Dear Mr. Shimano:

.....That you should set so high a standard for yourselves only made us feel that we were singularly fortunate in being able to share the first of your efforts.

.....you are acutely aware that even the best intentions and the most potent desire too frequently are not sufficient to produce a respectable piece. That's why, after reading The CLARION, we realize how fortunate you are in that there exists in your field of operation an enviable and unbeatable combination: urge and talent.

Your whole approach is commendable and we are humble before your prevailing ambition.

You will...claim our interest unceasingly.

Alden McClelland, Editor
The Arroyan
Arroyo Del Valle
Livermore, California

March 18, 1940

To The CLARION Staff:

Following are quotations from some of the letters I have received concerning the talk you gave us over KSFH on March 8 1940:

"The CLARION staff performed very well. It seemed as tho they tried to use all the large words at their command."

"...the staff...spoke slowly, clearly and used words that everyone could understand."

"...They really were good and I do mean Harvey Hanson!"

Yours sincerely
E. A. Schaper

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT

APRIL 1940

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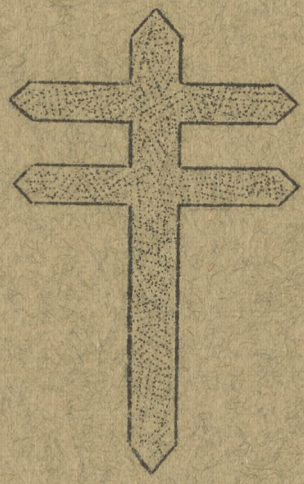
The CLARION



San Francisco Hospital
Tuberculosis Division
&
Hasseler Health Home
MAY-JUNE 1940

The CLARION

VOLUME 1 — MAY - JUNE 1940 — NUMBER 5

REHABILITATION

By E. A. SCHAPER, M. D.

An ideal tuberculosis program attacks the problem from four different angles-case finding, isolation, treatment and rehabilitation. In this country fairly satisfactory progress has been made in handling the first three but here as in most countries, as Dr. George H. Becker points out in his article in the March CLARION, rehabilitation of the tuberculous is the weakest spot in our offensive against the tubercle bacillus.

We are continually devising and trying out newer and better case finding methods. We are raising our standards for the isolation and treatment of tuberculosis but very little progress has been made in recent years toward developing a rehabilitation program which will take the patient when he leaves the sanatorium and place him back among his fellowmen on a self-supporting basis. Instead we find industry and business generally looking askance at anyone who has had tuberculosis no matter how apparently well arrested his case may be.

Of course all too frequently after spending several years in a sanatorium the patient is no longer physically able to return to his former occupation. Therefore in these days of unemployment he has but one course open to him, namely, an inadequate relief sustenance which furnishes a minimum of life's comforts in the present, and a maximum of hopeless outlook for the future. Is it any wonder that these patients break down again and sooner or later re-enter the sanatorium worse off than at first?

Some very commendable work is being done at present by our State Rehabilitation Department, and some radio technicians, watch repairers, shoe makers, cosmetologists and stenographers have been trained.

In some sanatoria grammar and high school facitities are provided which enable young people who have not finished their regular school work to go on and complete it. This is a form of rehabilitation. Some sanatoria provide facilities for carrying on the study of radio repairing, making dental appliances, courses in bookkeeping and stenography.

These activities are followed as a part of the sanatorium regime and are only a drop in the bucket compared to what is needed in the way of rehabilitation.

Urban work shops have been tried with some degree of success in several places. They are training centers having the object of carrying out industrial convalescence

and are not connected with sanatoria. The ex-patient who works in one of these urban centers is free in the choice of his dwelling and mode of living.

The Altro work shop in New York is the best example of this kind in the United States and has been in existence for over twenty years. It manufactures washable goods and uniforms for hospitals, institutions, hotels, restaurants and industrial concerns.

Wages are paid as soon as the worker performs useful work. There is room for only 145 workers. It has not been a great success from a rehabilitation angle mainly because it has been able to help so few people.

The Boston work shop is another example of urban work shop. It employs only about 30 patients. Both these ventures operate at a financial loss.

The best solution so far seems to be The Sanatorial Village Settlement of which Papworth Colony near Cambridge, England, is the most outstanding example. It was founded in 1914 by Dr. Varrier Jones and has grown from a one patient institution to a village of 1200 people. There convalescent patients work in various industries under competent medical supervision until such a time as they are able to return to regular occupations. They are paid well for their work and live on the place either in dormitories or in private cottages with their families. Papworth is self-supporting and requires outside help only for the construction of new buildings and for additional new equipment.

Papworth seems to be the nearest approach to a solution of rehabilitation of the tuberculous in the world today.

Some such scheme might be worked out for California as a whole for no single county would have enough patients of the right type to go into the venture on the scale of Papworth Colony. One central plant could be conveniently located somewhere in California, depending upon the industry to be utilized. It could be used by all the counties, and owned and operated by the state. It would become a haven for all those who could not return at once to their former occupations and would be a place where those who found it necessary to do so could learn a new occupation.

On account of the great length of the state of California it might be preferable to have two such institutions, one in the north near San Francisco and one in the south near the Los Angeles County Sanatorium at Olive View. Both these rehabilitation centers could be owned and operated by the state under one directing head.

Rehabilitation is being discussed more and more as we progress along other lines in our fight to eradicate tuberculosis. It is to be hoped that these discussions will lead to something more concrete in the very near future especially in our own state, for there is no good reason I can see why we should not lead out in this as we have in many other things. Therefore let us all pull together for a more effective scheme for the rehabilitation of the tuberculous in this state.

———— ○ ————

Due to the transfer of part of the staff to The Hassler Health Home requiring considerable change in the methods of producing this magazine it was found necessary to combine the months of May and June in one issue of The CLARION.

TREATMENT OF TUBERCULOSIS HELIOTHERAPY

By KUZUMI KASUGA, M. D.

"Light is the life of man" was written centuries ago, and people will be writing the same thing in centuries to come. Light is a paramount necessity to the well-being and very existence, to the development and sustenance of human being.

In this paper my problem is to discuss heliotherapy in the treatment of tuberculosis, meaning treatment by sun light or artificial radiation.

First, it will be interesting to review briefly the historical background of heliotherapy.

With the use of various natural agents in the treatment of disease, light has through the ages played a prominent part. It is a matter of common knowledge that the ancient Egyptians, the Greeks, and the Romans were all firm believers in the health giving efficacy of the sun's ray. But the first pathway leading to the discovery of invisible radiation, as we now know it, was opened by Sir Isaac Newton, who discovered the spectrum and the composition of light in the 17th century.

During the next one hundred and fifty years many scientists and doctors studied the effects of sun light on diseased body, but it was not until 1902 when Bernhard of St. Moritz , impressed by the Swiss butchers' custom of curing their meat by sun light, treated the draining abdominal wound of a patient by sun light. Healing was so remarkable that other wounds were treated similarly. Ignorant of Bernhard's work, Rollier of Leysin in 1903 began treating his tuberculous patients in the same way.

A scientist by the name of Charcot, in 1858 was the first to point out that the chemical rays (that is, the blue, violet and ultra-violet rays) must be the active part of the spectrum and he pointed out the similarity of the arc light skin reaction to that due to the sun. Dr. Finsen of Germany constructed lens devices for modifying both sun light and carbon arc light so that a maximum of chemical rays (i.e. ultra-violet, violet and blue) with a minimum of heat energy could be obtained. He was not entirely successful at first because his arc was enclosed in glass, which absorbed the greater part of the ultra-violet rays. His work on the treatment of skin tuberculosis with local application of the carbon-arc light, which he began in 1895, was the first real stimulus to the development of artificial light treatment.

About 1901, the quartz-mercury arc lamp was perfected. The original reason for using quartz was that its melting point was high, but the important feature of quartz, however, is that it allows about 1000 times as much ultra-violet light to pass through it as does glass. During subsequent years other lamps were manufactured up to the present air-cooled mercury-quartz lamp.

Heliotherapy lays claim to at least two triumphs - the cure and prevention of rickets and the treatment of tuberculosis occuring elsewhere than the lung - but there are numerous points, particularly in the latter, which are far from settled. On reading Rollier's book on heliotherapy one will be impressed with his results obtained, especially in bone tuberculosis, by a treatment regime in which heliotherapy in the form of the complete sun bath is one of the factors employed. The

results given are the fruit of twenty-five years of experience, and they stand in the foremost rank of the brilliant clinical achievements of our time. Rollier holds that the scientific aspects of the effects of heliotherapy are bound up in finding answers to three questions: (1) what ray brings about the cure? (2) in what way do they act? (3) what physiological process is involved in the cure? None of these questions has been satisfactorily answered, and the effect of radiation alone on bone tuberculosis is still a matter of conjecture.

Before attempting to answer the above questions, as we understand them today, it will be necessary to explain briefly what rays are involved in heliotherapy and what is meant by radiation. If the sun rays are applied in treatment, all the rays from the sun are involved visible light rays, ultra-violet rays, and the infra-red rays. Visible light rays are the ones that give you light and the ones you can see. Ultra-violet rays are invisible and are also called the actinic or chemical rays because they bring about chemical changes in the body tissues. The infra-red rays are also invisible and called heat rays because they give off heat energy.

The process by which energy is transmitted through space is known as radiation. Thus, we talk of radiation treatment when ultra-violet rays, infra-red rays, X-rays and radium rays are used. We are mostly concerned with ultra-violet and infra-red rays when we consider treatment of tuberculosis.

Now, in answering the question, "What rays bring about the cure?" the consensus of opinion is the ultra-violet rays. Rollier, from his clinical observations regards the curative effect as due, in the main, to ultra-violet radiation. He finds that pigmentation of the skin predisposes to cure, that ultra-violet radiation only will bring about pigmentation and argues from this that the curative radiations are in the ultra-violet region. Until more is known about selective radiation in the cure of tuberculosis of bone from the experimental standpoint, its specific action must continue to be a matter of speculation.

"In what way does radiant energy act?" and "What physiological process is involved?" are questions which we have to take up together to discuss. Numerous works have been done to clarify this aspect of the question. Infra-red and visible rays produce, through heating, a dilation of superficial capillaries and an increase of blood flow, elevate body temperature and may aid the action of ultra-violet rays on body cells. Ultra-violet rays are rapidly absorbed, in most part, by the superficial part of the skin and produce marked chemical changes.

First, ultra-violet ray is known to activate ergosterol, a substance found in comparatively large quantities in the skin, which after irradiation becomes similar to Vitamin D, and cures rickets.

Second, ultra-violet rays impair the growth of bacteria as well as destroy them. This ray may destroy bacilli on the skin without causing injury to the latter, but this does not mean that it could destroy all organisns seated way deep in the body.

Third, ultra-violet rays are absorbed by red cells and serum of the blood and will be carried to different parts of the body and will give their effect.

Fourth, ultra-violet ray causes increase of calcium and phosphorus content of blood serum, in rickets and tetany and aid in curing these diseases.

Last, and most important of all in tuberculosis, it is believed that radiant energy (infra-red and ultra-violet rays) causes a disturbance in the ferment-anti ferment balance in tuberculous patients which resides mostly in the blood stream. The ferment part is activated by radiation and causes a slight reaction around the tuberculous focus, which in turn causes increased blood supply and this in turn causes healing and scarring, and thus brings about cure. But if the patient is not

watched closely as to dosage, length of exposure, individual tolerance, and various symptoms, more harm than advantage could be given. Other thoughts are that ultra-violet rays raise resistance of the patients, and that they stimulate development of defense powers against tuberculosis in children.

Now the question, "In what form of tuberculosis should we use heliotherapy?" arises.

Dr. Mayer at Saranac Lake concludes that the results of heliotherapy in lung tuberculosis are not brilliant, and that it is only through careful selection of cases that beneficial effects of radiant treatment could be attained. There is a considerable differance of opinion regarding the influence of artificial radiation treatment upon lung tuberculosis, and reports vary from the most enthusiastic to the most skeptical. Heliotherapy has been thought to cause hemorrhage from the lung in some cases, and hemorrhage patients were not treated by most doctors.

All in all, I came to the conclusion that in lung tuberculosis patients who are ambulatory, without fever, with normal pulse rate, without marked loss of weight, who have a tendency to heal, without hemorrhage, and who do not have excessive cough and expectoration may react favorably to heliotherapy. Of course, unless this treatment is directed under intelligent guidance of a doctor, it may bring harm.

In tuberculosis of the throat and eyes the reports are very favorable, but in any form of tuberculosis you have to remember that it is a general systemic disease, and not a local one, so just treating the eye or throat is not sufficient.

In lymphatic tuberculosis heliotherapy has a great place. The treatment is frequently said to produce as many as 90% of clinical cures.

In ear tuberculosis ultra-violet rays have also produced good results.

In bone and joint tuberculosis heliotherapy has played the most important role. The beneficial effects of heliotherapy in this type of tuberculosis have been noted for years, and through these results heliotherapy of other organs has developed. But do not forget that there is a definite place for surgery in bone and joint tuberculosis.

The chief clinical condition for which the quartz-mercury lamp has been advised is intestinal tuberculosis. In many instances all the syptoms of intestinal tuberculosis which have persisted for weeks disappeared under the influence of these rays. Thus in intestinal tuberculosis even with lung tuberculosis it has been our practice to give ultra-violet ray treatment.

Heliotherapy has been also suggested as being of great aid in urinary tract tuberculosis, arresting the diseased process and promising cure. Please remember that tuberculosis is a general systemic disease, and treating only the organ involved is not sufficient.

Heliotherapy plays a very minor part and only when it is combined with good general care, such as fresh air, ample rest, good well balanced food and good medical care, does it give you any benefit.

In conclusion, heliotherapy and radiation treatment in tuberculosis usually implies treatment by sunlight or ultra-violet rays. What radiant energy does to diseased body is not very well understood, but several opinions exist. Heliotherapy has a definite place in the treatment of tuberculosis in other than the lungs, but for lung tuberculosis it should be remembered that if heliotherapy is used unjudiciously more harm than benefit can result.

THE UNSATISFIED.

Can you remember the "good old days" when the height of your ambition was to do exactly nothing? When your chief complaint against the world was that you had insufficient time for reading, writing and the radio? When a clamoring alarm clock aroused you to the daily merry go round - the struggle for food, clothing and shelter.

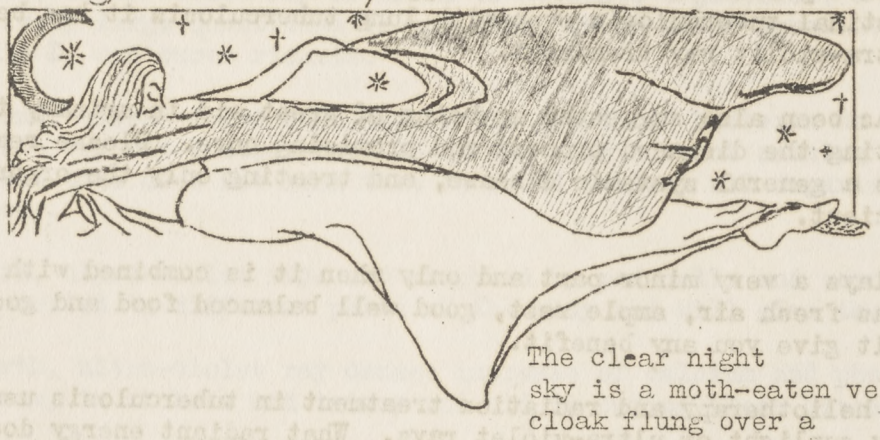
Today some of those struggles have been eliminated and some of the things you once wanted so much are in your hands. You have a great deal of nothing to do. There is plenty of time for reading, writing and the radio. And you're probably just as dissatisfied as you were in the late lamented "good old days". We always want the things we do not have. The other man's pasture is always greenest. Such is the perversity of the human.

We have a way of remembering only the pleasant happenings, which is perhaps fortunate. We think of a period in the past as one of continual and sustained pleasure, completely forgetting that the pleasure was only momentary, and that we had trials and tribulations then as now.

While living in this transition period between illness and health there should be some compensation in the fact that it is no longer necessary to say, "If I only had time". Since we have it in plenty it has become a mirage like so many of the rainbows that we chase through life. Suddenly health has become the most important thing in the world. When that has been attained we will probably forget its importance, as witness those who come back for post graduate courses. Check over your friends - how many who have health are perfectly happy? Can you name one? You have most likely even heard them express envy at your status.

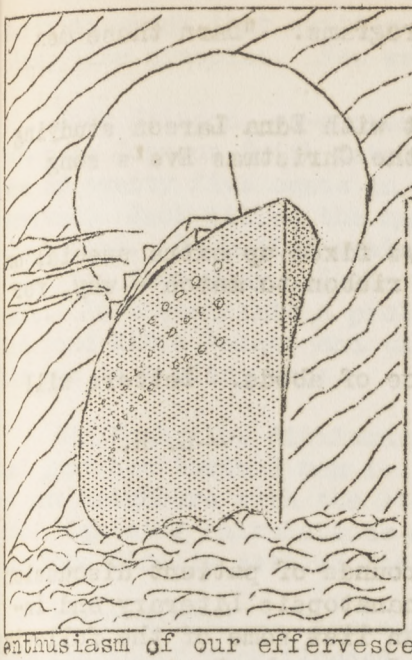
Of course the existence into which we are forced because of physical limitation could not by any stretch of the imagination be called ideal. But if we could make this present period just another job to be done, stripped of illusion because it is serious; if we could in some way keep from continually punishing ourselves by butting our heads against immovable stone walls; if we could find within ourselves a few less reasons for continual grumbles we might get at least part way out of the army of the unsatisfied.

— H. H.



The clear night
sky is a moth-eaten velvet
cloak flung over a
dying earth
and through the holes
we are allowed to catch a
glimpse of the riotous
banquet hall.

— E. S.



ROUND THE WARDS

AT S.F. HOSPITAL

WARD 32

After breaking all records in CLARION collections last month we were sorely tempted to rest on our laurels and say nothing this month. On the other hand, our sense of fairness compels us to speak out and admit that had it not been for the super salesmanship and enthusiasm of our effervescent interne Dr. Antonini, our record breaking would have been much less spectacular. According to reports, he distributed CLARIONS to the four corners of the city and the resulting donations were truly gratifying. Of course we doubt if Dr. Antonini's enthusiasm would have reached such heights had it not been for the pressure behind the pressure - our smiling sales and business manager, Bernice Kelly, who even while on the operating table tried to sell The CLARION to the surgeons.

○

It seems that the question asked by the Raving Reporter, to wit, should women combine career and marriage, has provoked much discussion. Though we were vastly outnumbered in our stand for rugged individualism, we stand unbowed and challenge all comers to fair debate.

○

We have been asked to warn all visitors to the northeast corner of the solarium to wear sun glasses as a protection against Helen White's vivid attire. Personally, we're for it and contend that bigger and louder color schemes make this sad world seem less sorry.

○

The vagaries of medical men! The other day we lamented to Dr. Halter, "You know as long as we don't sit, walk or lie, we feel pretty good." Said he, absent-mindedly, "Well, you don't want to do too much of that." Maybe we're wrong.

-- K. M.

WARD 31

It seems that the art of knitting has been taken away from the old maid, with her high collar and cat, and given to the glamour girls of today. - at least the glamour girl in this locale, Dorothy Heuermann. (of course, with a name like that she changed it to "Hedy La Smooch") Amid wails of woe and cries of heart-rending tribulation you can see her sitting in deep concentration, everything forgotten - powder, rouge and lipstick things quite necessary to every well-known glamour girl.

One fine morn at 6 o'clock we were awakened to the tune of "Knit one - purl one - knit.....Oh!!! I dropped a stitch. I wonder how that could have happened." We opened our tired old eyes and proceeded to undo the damage done, but we must report that if "Hedy La Smooch" continues at her present pace a bed jacket will soon be in our midst.

○

Gladys Gray is heartily in accord with the gal in Ward 19 who gave the men a

good piece of her mind when she wrote about the radio programs. "Darn those men anyway - Baseball games!!! Fooey----------"

○

We were sorry to learn of Tetrazzini's passing, but with Edna Larson studying singing who knows but that we may have a repetition of the Christmas Eve's song heard long ago at Lotta's Fountain.

○

We've found out the reason why Winnie Remmers always fixes up extra special on visiting days, with her pretty blue bed-jacket and hair ribbon to match - why, for her boy friend of course. What better reason is there?

○

FLASH!!! Popular Flo Whitaker has changed her place of abode. Letters will now be addressed to the solarium, please.

--H. R.

W A R D 2 6

It would seem that the range of topics making the rounds of patient discussion would rack the brain of anyone not initiated into our Thanatopsis Literary and Inside Straight Study Club. With no trouble at all one can list some of the following conversation pieces as somewhat typical of a quiet day of cure chasing:

Who was Mary X in the Dick Tracy comic; how many airplanes does Germany produce; the Norwegian campaign, Hedy Lamarr, evolution, the Lost Continent of Mu; the "Grapes of Wrath," Hedy Lamarr, the political situation and T-bone steaks. However, the boys were really black in the face for two days over a truly monumental problem. Someone made a red-hot bet that one could take a barrel of water and put a live twenty pound salmon in it without increasing the weight of the barrel and water. All sorts of angles entered into the problem, such as, what happens if the fish's fins touch the bottom of the container, or what happens if he should die. Incredible as it seems, and in spite of everything our friend Archimedes ever did, the master minds were baffles no end, and it remained for McAvoy and his keen, old brain to get a bucket of water and measure the weight with and without a block of wood floating in it. He emerged triumphant and satisfied, but somewhat let-down, as the results were not so exciting as they might have been.

○

Our old friend Jack Olcott is now on the outside considerably improved after a long stay. Jack was formerly in the retail liquor business, and one of our fonder hopes is to see Jack busy with the bar towel while we are busy with a nice, long, cool, tall, foamy glass of orangeade.

○

The following report was found under our door one morning, so we know our faithful operator X-9 is earning his dough:

"Speaking of athletes, we have a pretty good fighter in the bone yard. He will bet you two bits you can't produce a turkey dinner that can stay over one round with him. He also admits he would rather battle with a nice roast turkey than take a swell looker to a show, even if she bought the ducats. We won't tell his name, but it might be "Lover". We wonder if this is the same person who spends his time looking at the food advertisements in the magazines.

-- J. G.

W A R D 2 5

Being in a particularly exuberant mood we were about to begin this column with the oft repeated statement that all was beer and skittles. Skittles in our mind being some sort of glorified pretzel that Englishmen relished. Through reading the writings of some of our pen pals we'd been impressed with the importance of Websters good book and decided to do a little research work on the skittle. It came as a

definite shock that skittle is an English game played by throwing wooden disks at pins, like ninepins. Now we're not sure of anything.

○

Jack Stinson, ex-gunner's mate, has a new cannon. After careful perusal of a 604 page Johnson Smith catalogue (sent for an extra 3¢) he invested the munificient sum of twenty five cents in a repeating BB pistol. 'Twas a great day when the gat arrived, Jack filled the magazine and pulled the trigger. A BB shot rolled out of the barrel. He pulled again, came a ping and a scattering of five more shot at least two feet away. Soule laughed loud and long because the back of his neck was safe. Jack went into a prolonged scowl finding satisfaction in the fact that they did send him a target and the shot looked as if they were gold plated. Now he has his eye on a sling shot.

○

Old Noah, the dictionary man, had a heavy month. Came an argument about teeth and just how toothed man is. Opinions ran from two to three dozen per mouth. One of our neighbors with the store boughten variety surreptitiously removed his and did some lightning calculations and the answer was twenty-eight. After hours of dispute the boys finally settled for thirty-two, with Noah's help.

○

CLARIONETTES -- Cincinnati Frank Mullen almost wept crocodile tears when the Reds had their park flooded last month and had to postpone a couple of games. They were hot and Frank was afraid the deluge would put out the fire ..... How about Angelo Garcia sharing some of his fair visitors with the rest of the Ward. There just ain't no justice ..... Dr. Esberg's elation on gaining six American pounds one weigh day and then the heavy foot who was helping the cause getting the shakes and spoiling the fun ..... Most Useless Word of the Month - hemidemisemiquaver. We'd like to see somebody somewhere do something with that one ..... Profound apologies to Ward 32. A guy can be wrong can't he? I've seen and been conquered.

-- H. H.

WARD 23

Our only desire in the past has been to live peacefully day by day. Suddenly we came upon the realization that we must give of our precious lazy time, submitting nouns and adjectives to our Round the Wards column. However, we find the attempt most amusing.

○

Quoting a few lines from Nate, our former colleague - "On our way to Hassler's we had a little "ruff" riding; however, it only increased my appetite. After arrival, with perhaps a shopworn expression on my face, I had supper in the dining room. Ye Gods! I feel like a human being again." What is this mystic charm Hassler holds? We hope to find out soon.

○

Played the part of a villain the other day when on letting our porch awning down a nest fell out. Alas, the poor birdies must seek other foundations in the future. Doggone! we were going to foreclose on them, too.

○

Mr. Pratt, our philatelic leader who has been most generous with his experiences and stamps, was heard to say, "How can I collect stamps if I give them away?" Yes, even stamp collectors get stuck at times.

○

Most amusing incident of the month - One of our hospital recreational leaders nearly hung himself when, upon leaving us one afternoon, his collar got stuck on

the door knob. He struggled to get loose; we struggled to uphold our dignity.

-- R. D. B.

WARD 22

If we had been asked to manage anything from a ham and egg fighter to Joe Louis, to umpire a World's Series Baseball Game, or to shill for the biggest concession at the greatest show on earth we would approach it with a great deal more confidence than we do this first effort at putting words on paper to keep Ward 22 in its proper spotlight. We'll tread lightly and say little until we can learn something about this new racket rather than be counted out before we get through the first round.

O

After the splurge made by our Charley Horn in last month's CLARION anything else that we might say would be anti climax. However Charley believes in doing a thorough job so he got himself a write up by Harry B. Smith in the Chronicle's Sporting Green with quotes from our magazine's article. To all this he added a spot of radio broadcasting just to prove his versatility. He claims it was his toughest fight - the old "mike" having a lot of hooks and crosses that they didn't have when he was in his prime.

O

When the Raving Reporter, Father Clark, hit our Ward you may remember the tall tale that Cy Perkins handed him. Box Car Dorr and Bob Collins class him as a mere beginner when it comes to stretching the truth. They claim that even members of the Burlington Liars Club are just amateurs. When properly organized we expect to beat all comers. Pat DeFrees hopes to be feeling better the next time the reporter call - if he gets his famous second wind he'll tell some hair curlers.

O

Johnny Murname takes exception to the remark that "all race horse bettors die broke". He claims that the latest exponent of this theory wouldn't have any way of knowing because "You can't win unless you make a bet now and then". The Murname system is guaranteed to keep the wolf from the door. He gets his wires direct from the horses and via a pipe into the feed box.

-- R. L..

WARD 19

I'll try to tell you some things heard and seen
Here on good old Ward Nineteen.
We have some pets here, some real ones too,
They're cute little fellows, from this I get my cue.
Oscar, the spider, he's here to stay,
Agnes Hoffen has a little turtle to tend,
Nice little thing but temperamental no end.
The sparrows come up and beg for bread,
Even get under and hop on the bed.
The girls caught a "whatzit," half moth, half humming bird,
If it acted like Joy's imitation, My word!
Brenda and Cobina dedided redheads to be,
Henna was used, but nary a red hair I see.
Bonnie took time out for a pack too,
Yes, it took, and what a titian hue.
Dorothy L. and June used only a rinse, I'm told,
June's scalp and all - what a color to behold.

Loretta sits back and grins with glee,
Hers is naturally red, as anyone can see,
Agnes Gallo continues to teach knitting
For her pupils there's just no quitting.
She's the best "ripper" I ever did know,
It has to be right or it just won't go.
Margaret Jurisich entertainment will afford
For each and every one on the ward
When asked about being on the radio that day,
"That thing was like a hot potato, I forgot what to say."
Charlie, our porter, no better can be found,
Good to everyone, grand to have around.
Something in need of repair or any odd task,
He'll do it in a jiffy, all you need do is ask.
Ward 24's gain is our loss, we shed a tear;
Miss Pierce, we miss, and wish she were here.
I fear I'm no poet as you can well see,
This probably won't get past Katherine and Eddie.
But it's fun to try to see what one can do
With things one's not accustomed to.

-- I. M. P.

...AT HASSLER

WOMEN'S WARDS

Summer is really pressing hard to replace spring at Hassler. The thermometer soars, cool white sports clothes are the favorite, and we've seen our first strawberry. There is a profusion of wild flowers, and the hills around us change opalescently as each new flower has its season. Our amateur botanists are in constant demand. We have some good ones, too, especially Genevieve Macondray who unfailingly identifies the strangest blossom.

○

It truly must be summer for the camera urge is definitely here. You find posee and poser at every picturesque point. Often it is necessary to take an entire technical crew for some of the difficult angle shots against the summer clouds. Of course you've heard about the person who had forgotten to turn the film after you'd worked and planned a special picture for hours. Im case any of you is interested, Margaret Lew makes particularly good material for candid shots.

○

Ward 32 has spoken of seeing elephants - you don't know what delirium is until you've seen the huge black mouse our Chiquita has fashioned. All dressed up in red and white trousers, he's a gorgeous monstrosity. What I want to know is, why!

○

It's back to school we go. A large group of our girls have decided to while away the lazy summer hours studying typing and shorthand. So shall we combine business and pleasure. Due to the varying ages of the students, much zest will be added to the class and the competition.

○

Have you heard about our ambitious seamstresses who make beautiful garments all by hand? Imagine such ambition! Page Hazel Woods, Marjory Harada, Marjory Chan, and Lucille Villamil in the patience department.

○

Oh, for a trusty gun and a deadly aim. Woe to my red-headed feathered friend

who greets each sunrise and each rest period with hysterical hilarity. Yes, summer is definitely here.

-- N. J.

MEN'S WARDS

The dictionary defines horticulturist as a person who is devoted to or is skilled in horticulture, especially as a science. We will call Alton Racine a horticulturist. There is another person, "Tex" Findley to be exact, who thought that he was a master of that science and pulled out what he thought were weeds. Poor Alton! He almost fainted. The "weeds" were his prize flowers.

O

Several young gentlemen we know always object when their senior, whose name will be given upon request, calls them "the younger generation." They should really be pleased, as the results of a quiz session of our own clearly showed that youth can beat age two times out of three. No offense, older generation.

O

We wonder if Ceferino Ruiz has Superman's x-ray vision. While playing pedro he bid fourteen on a single ace, and made it. His partner held the rest of the trumps!

-- I. K.

Ward 2

Hmmm-m-m-m, so that's Don MacCormac, godfather, creator and sponsor of "Billy The Bee." The first meeting, and strengthened convictions of further acquaintance, make one certain that his personal love affair, mentioned in his introduction of Billy, is still rampant. To N.J. it may be important to know that Don's ideas of Billy are most likely based on his (Billy's) conduct with the humming birds of Hassler. The manner in which Billy chases the humming birds a hundred times his size from their cups takes the type of courage that comes only in bottles. Or perhaps it could be frustration on the part of Billy. The loving care and devotion paid to those humming birds by H.W., better known as "The Czar", includes a careful washing and wiping of the glassware from which the birds partake. That leaves Billy without a drink and he takes his spite out on the birds.

O

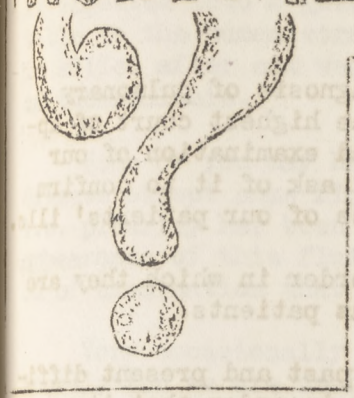
The Czar is at present in the doldrums missing a great deal the little pest Ng King, who went home the end of April. Another who is put out by the departure of Ng King is J.S., for King was a very efficient espionage agent and kept him up on all news around the Farm. With Ng King, Don Strong, Leo Pavloff and W.Y. graduating from Hassler, Iggy Koman by his added year matriculating to the voting class, and Preston Coates becoming absorbed in herpetology, the once tense atmosphere has been relieved and we await now new, bold, effervescent blood.

O

A coverage of new arrivals, meaning those having staked out sleeping room since the last edition of The CLARION, - Arthur Snooks, down to debate doings with the drilling dentist; Johnny Fitzgerald, after a hearty greeting, was given a reserved spot and now he is already legging it around the circle for (as of date of writing) twenty minutes exercise; Anthony Dal Santos is going after his meals with very great relish so we figure he is happy here; Arthur Peck, erstwhile CLARION representative of Ward 24, has joined us still wearing his badge denoting his silence and proclaiming his merit as an audience of one; asthema gave Jack Rebottara a tough tussle, but he put the old asthma flat on its back; the next shipment of air-flex mattresses has Michael Lumpak's name printed in large letters on the softest, otherwise he is happy; a chilly night wind sent Daniel Toddi chasing for an extra blanket. Now that his toes are warm he has settled down to enjoy our company; Sam McMunn arrives as this is being written and stakes out his claim in the far north end of the ward.

-- N. S.

MEDICAL INFORMATION, PLEASE



Q. - How does a cavity heal?
A. - By the melting away of its wall and free drainage of its contents through a bronchus.

Q. - What is "galloping" tuberculosis?
A. - "Galloping" tuberculosis or "consumption" is that type of disease which develops and spreads rapidly

Q. - What is miliary tuberculosis?
A. - Miliary tuberculosis is that type of disease which is spread through the body by way of the blood stream. The areas in the lungs or elsewhere are so small that they are said to resemble a millet seed in size.

Q. - Does the presence of sputum, negative or positive, indicate an active case?
A. - No. Many people have some sputum after their disease is arrested. It may come from a bronchiectasis, which is a mechanical aftermath when tuberculosis heals.

Q. - How are cavities formed?
A. - In two ways (1) by local destruction of tissue or (2) by a little tear in the lung and the accumulation of air under a positive pressure where the bronchus leading to this area is partially obstructed.

Q. - Is there any particular type of body build that has a predisposition to tuberculosis?
A. - There has been considerable study on this point but we have seen tuberculosis developing in people of all different physical statures. I think it is quite evident that we can say that there is no type which is particularly prone to developing tuberculosis.

Q. - How can one determine whether a lung collapsed by pneumothorax is improving?
A. - By the combination of several factors: (1) the feeling of well-being on the part of the patient as evidenced by a subsiding temperature, diminished cough and expectoration and the disappearance of a positive sputum, and (2) by the improvement in the X-ray picture of the lungs.

Q. - When is pulmonary tuberculosis quiescent?
A. - No constitutional symptoms. Sputum, if any, may or may not contain tubercle bacilli. Lesions stationary or retrogressive according to X-ray examination; cavity may or may not be present. These conditions to have existed for at least two months.

Q. - What is meant by reinfection?
A. - Reinfection in tuberculosis refers to the type of infection which follows the primary implantation of tubercle bacilli in the body. After the primary infection, which occurs when tubercle bacilli first enter the body, localized areas of disease may appear which heal promptly or spread, depending upon the resistance of the host. This secondary type of infection is called "reinfection".

(Questions answered by Phillip H. Pierson, M.D., Chief of Stanford Service)

THE LABORATORY IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS

By SADIE D. PATEK, M. D.,
Visiting Physician, Stanford Service

I shall confine my remarks to the laboratory in the diagnosis of pulmonary tuberculosis. The laboratory can be thought of as the highest court of appeal, for to it we as physicians go with the story and examination of our patients in mind, our impressions and suspicions, and ask of it to confirm them and to render a definite decision as to the cause of our patients' ills.

The various procedures shall be here considered in the order in which they are usually performed when you enter the San Francisco Hospital as patients.

The interne on the ward, after noting the story of your past and present difficulties and examining you, will take some blood from your ear in order that it may be determined whether or not you are anaemic, whether or not you have an abnormally large or small amount of white blood cells, and which type is unusually predominant or deficient. This is learned after he looks at a stained blood smear under the microscope. The so-called blood picture may help to tell us about the kind, stage and prognosis of your illness. At the same time he has probably taken several cubic centimeters of blood from a vein in your arm which he inserts in a small graduated tube in order that he may determine what is called the sedimentation time. The red and white blood cells fall to the bottom of the tube (the more active the disease the more rapidly, as a rule, will they fall) leaving a straw colored supernatant fluid. Not infrequently patients become expert in helping perform this particular procedure. The level of the fallen cells is read and recorded in millimeters.

The nurse in the meantime has placed a clean corked bottle at your bedside, in order that a twenty-four hour sputum may be obtained. Here you can be of material aid by being especially careful not to let any contaminants into the container, and by filling it only with material you cough up from the lungs. You might be interested to know that there is no characteristic sputum in tuberculosis. It may be small or large in amount, colorless or greenish, thick or thin; may or may not contain blood, but very often does contain small cheesy-like lumps. These particles are carefully selected, spread on a glass slide, stained by certain dyes - namely, carbolfuchsin and methylene blue - and then examined under the microscope. Careful search for a tiny red-stained rod is then instituted. This takes unceasing patience at times. The conscientious doctor will not give up the search for at least a half hour and then, if unsuccessful, will ask for further sputum specimens until ten or twelve have been examined.

If he has found the offending organism on two different slides, a certain diagnosis of tuberculosis can be made. If not, the next procedure is to concentrate the sputum, i.e. a twenty-four hour specimen is collected, alkalinized and spun down for a half hour. The sediment after being neutralized is then stained and examined as previously described. If this fails to reveal the tubercle bacillus the sputum is cultured on a special kind of media, called Lowensteins media, for three to four weeks in an incubator at a temperature of 37 degrees Centigrade. If small colorless growths appear, tubercle bacilli have probably been grown. These are stained for confirmation. If not, the interne will direct that you have no breakfast one fine morning, and will come to your bedside with a long tube and syringe to wash out your stomach to determine whether instead of coughing up your sputum you have unwittingly swallowed it. The material thus obtained is then centrifuged and submitted to the

same examination as the sputum.

If all the preceding methods fail, animal inoculation is resorted to. The sputum is prepared as for culture. One to three cubic centimeters of the sediment is injected into a guinea pig, inasmuch as it is an animal which is quite susceptible to the human strain of tubercle bacilli. If the animal does not succumb it is killed after six weeks and its organs examined for gross and microscopic signs of tuberculosis.

Some of you may have entered the hospital having no cough, no sputum, and no disease except some fluid between the linings or covers which surround your lungs, i.e. pleurisy has been diagnosed. In order that we may determine the cause of the appearance of this fluid, a small amount is removed and subjected to the same method of examination that I have described to you for sputum.

Very occasionally after sputum examinations, stomach washing and guinea pig inoculation we are unable to demonstrate the tubercle bacillus. We then suspect that the story of your illness, the unusual lung findings in physical examination and the shadow in the x-ray may have been due to some other organism. The interne will then do a tuberculin test, i.e. he places a tiny amount of old tuberculin in between the layers of the skin in your forearm, so that a tiny bleb like a mosquito bite appears. After two days there may show an area of redness and swelling. If so, it is fairly certain that at some time you have harbored the tubercle bacillus; however, you may or may not have active tuberculosis at the present time. If no reaction occurs, the chances are that unless you are very, very ill you have not tuberculosis. Unfortunately there are exceptions to the above rule which time does not permit to discuss here.

I hope I have been able to show you not only the importance of the laboratory in the diagnosis of tuberculosis, but also how difficult it sometimes is for the interne to find the offending bacillus, and how long it sometimes takes before we are certain that you do have tuberculosis. Occasionally the laboratory may render a decision in the first week of your stay; occasionally two months will pass before our impressions and suspicions can be confirmed.

O

RADIO TALKS ON TUBERCULOSIS

DATE	SUBJECT	SPEAKER
June 7	Tuberculosis Associations - California	Mr. W. F. Higby
June 14	Tuberculosis Associations - San Francisco	Judge Walter Perry Johnson
June 21	State Bureau of Tuberculosis	Mrs. E. Tayte Thompson
June 28	Famous People Who Have Had Pulmonary Tuberculosis - Trudeau	Mrs. Carolyn Julian

STATION KSFH FRIDAYS 1:30 PM

a smile

A smile costs nothing, but gives much. It enriches those who receive, without making poorer those who give. It takes but a moment, but the memory of it sometimes lasts forever. None is so rich or mighty that he can get along without it, and none is so poor but that he can be made rich by it. A smile creates happiness in the home, fosters good will in business, and is the countersign of friendship. It brings rest to the weary, cheer to the discouraged, sunshine to the sad, and it is Nature's best antidote for trouble. Yet it cannot be begged, borrowed, or stolen, for it is something that is of no value to anyone until it is given away. Some people are too tired to give you a smile. Give them one of yours, as none needs a smile as much as he who has no more to give.

-- Mary Ruck

your mother

Bring your roses to her now,
Press your kisses to her brow.
Go and sit down by your mother.
Hold her near.

There's no happiness or bliss
Like a mother's goodnight kiss.
Bring your roses to your mother
While she's here.

-- Kenneth B. Wong (page 14)

the CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON THE CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT.

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BOOK NOOK

MENTAL STIMULATION

There are few of us who haven't at one time or another had the following questions put to us by a visitor: "What do you do all day? Don't you get dreadfully tired of reading and listening to the radio? What do you do with all your time?"

These questions are difficult to answer offhand. We would not be honest with ourselves if we were to say we never get bored. Of course we do - everyone does at some time or another. But then, this is not an unusual malady even to those who are on the outside.

One of the most common complaints of the man on the street is - "Where to go, and what to do?" At least these two problems are solved automatically upon admission to the hospital. The less we do, and the less we are on the go, the better for us. Strange as it may seem to the uninitiated, there is no particular difficulty in becoming accustomed to our mode of living. True, a few of the new patients show signs of restlessness during the first few days of their cure-chasing venture, but when they see numerous other patients all about them taking the cure as they are expected to do, and in the doing are taking it on the chin like good fellows, we soon find these newcomers settling down to the routine with remarkable complacency.

Nevertheless, we must consider the fact that there are five hundred patients in this division who, by their past normal mode of living and by the nature of their previous environment and training, and contrasting occupational, avocational and recreational interest, find themselves separated by a wide gulf of diverse desires and temperaments. Within this heterogeneous group we find their varied interests have not become dulled because of illness but on the contrary are in some cases intensified. For instance, hospital isolation is no barrier to the fulfillment of the women patients' interest in knitting, crocheting, sewing or basket making. Provided their condition proves satisfactory, they are allowed to indulge in their hobbies to a limited extent. The person who liked to fuss around a basement workshop at home is apt to carry on (to a lesser degree) this diversion in the form of wood carving. The artistic individual may turn to photo-coloring, painting or clay modeling. The studious type of person is likely to take advantage of correspondence courses offered by the State Department of Education or keep up studies already entered upon prior to hospitalization. Even those patients who find themselves too ill to study or indulge in the handicrafts can with safety read to their hearts' content.

However much it may seem a mystery to an outsider how a patient who spends all or the greater part of his day in bed manages to find sufficient interests to ward off the effects of a tedious and boresome routine, the fact remains that hospital confinement does not necessarily mean mental stagnation, but quite often has the diametrically opposite effect. Thanks to the hospital library, it can mean a delightful journey on a fascinating road of enchantment paved with a wide variety of

literature suitable to the individual taste of each and every patient. To those of us who love to read, a book is not merely an inanimate object with numbered pages of print held within a cover. It becomes a thing vital and alive - something to be held precious - a thing to harbour and to cherish - a prize to hold dear. After all, books are the means (especially for our kind) whereby we release ourselves from the confines of our beds and travel to the glamour and adventure of foreign lands, and by this same route reach back into the historical and mystic realms of the past. Via philosophical writings the way is paved for those who wish to lose themselves in metaphysical contemplation. For the romantics the library is stocked with books of a suitable nature to satisfy their emotional temperaments.

From observation we judge reading to rate far and above all other diversional and voluntary activities. It takes first place in the life of the average patient. It is interesting to note the change in the patient's taste in reading material as his stay in the hospital lengthens. Many start with Western and detective fiction of the "pulp" variety. Then, gradually a few "slicks" appear on the scene and, by degrees, we find the patient reading more of the latter while the "pulps" soon become less evident. Now and then a novel vies with the "slicks", and in the course of time books on history, travel, philosophy or science compete with the fiction, and the patient finds his reading changed from a mere pastime to a delightful pleasure - a habit he is apt to carry on through the remainder of his life.

Cut us off from our radio and from our reading material; then ask us how we spend our time. Our answer would most likely be, "Going nuts."

-- Barney Sands

THE LIBRARY MATURES

During the past month we have truly made progress as far as our library is concerned. One of our most enthusiastic CLARION supporters, who wishes to remain anonymous, has also become interested in the library and not only has contributed a number of convenient pocket sized books for the patients, but has also given us forty new bookcases, each case containing five shelves. Twenty of these have already been set up in our new library, which is located at the north end of Ward 20, and when the rest are installed we shall have space for over 5000 books.

We have also acquired a variety of books this month. Particularly worthy of mention is the group received from the City Library, which comprises approximately 1200 volumes of fiction, biography, psychology, philosophy, poetry, and mysteries and westerns. Though we still have far to go to having a sufficient number of every type of book to satisfy everyone, the prospects of attaining such a goal are increasingly bright.

It has been quite a task for the librarian to arrange all these books - segregating them into proper classifications, labeling, etc. for the convenience of the patients. It is necessary to make out a card for each book in order that a proper record may be kept so they will not become lost. If there are any patients who are able and willing to do lettering, she would be very glad to have them volunteer to help make these cards.

If patients who are ambulatory take books from the library when no one is there, it would be greatly appreciated if they would write their names and the names of the books taken on a card and leave it on the librarian's desk.

We feel we can safely speak for the patients in extending our sincere thanks to the person whose generosity has made a real library possible for us.

-- K. M.

CUP OF GOLD, John Steinbeck

This first book written by John Steinbeck is a tale based on the life of the king of the buccaneers, Sir Henry Morgan. Henry's career is followed from his early childhood spent in the wild Welsh hills to the Carribean seas and the routes of the Spanish treasure fleets. He becomes the overlord of the scum of the seven seas, men of all nationalities, bound to the brotherhood of Tortuga, an organization of cut-throats, which, under Henry's leadership, attained a power in their own right equal to any government. The story tells of his greatest accomplishment, which was the capture of Panama, (the "Cup Of Gold") the richest and finest city of the New World, and the difficult campaign that led to its capture. From this point the plot moves quickly to its climax, when doubt and disillusionment follow his greatest achievement.

Though the story is written "with occasional references to history", to quote the jacket blurb, the story pretty well detaches itself from any historical setting and moves along in the best tradition of pirates and buried treasure. The various aspects of Henry's life, particularly the boyhood years, are thoroughly gone into with the purpose of explaining such diverse phases of his career that made Morgan accept a commission from the English king as governor of the Indies, a position that made it necessary for him to prosecute his former buddies. In the telling, the story here seems to lose a degree of realism when motives other than adventure and personal power are injected into a story that is nothing if not good rip-roaring adventure. There is a tendency for Morgan to indulge in philosophy while burning and plundering some city. And this seems somewhat out of character. In anticipating some trace of Steinbeck's later style, it might be said that an over-use of poetic reference tends to obscure the simple clarity that he later achieves.

The career of Sir Henry Morgan is outstanding in a certain period of British Colonial history, and it certainly merits a treatment such as that in "Cup Of Gold", which gives a vivid account of the methods used by the British in colonizing their holdings in the New World.

--- Reviewed by John Grahame

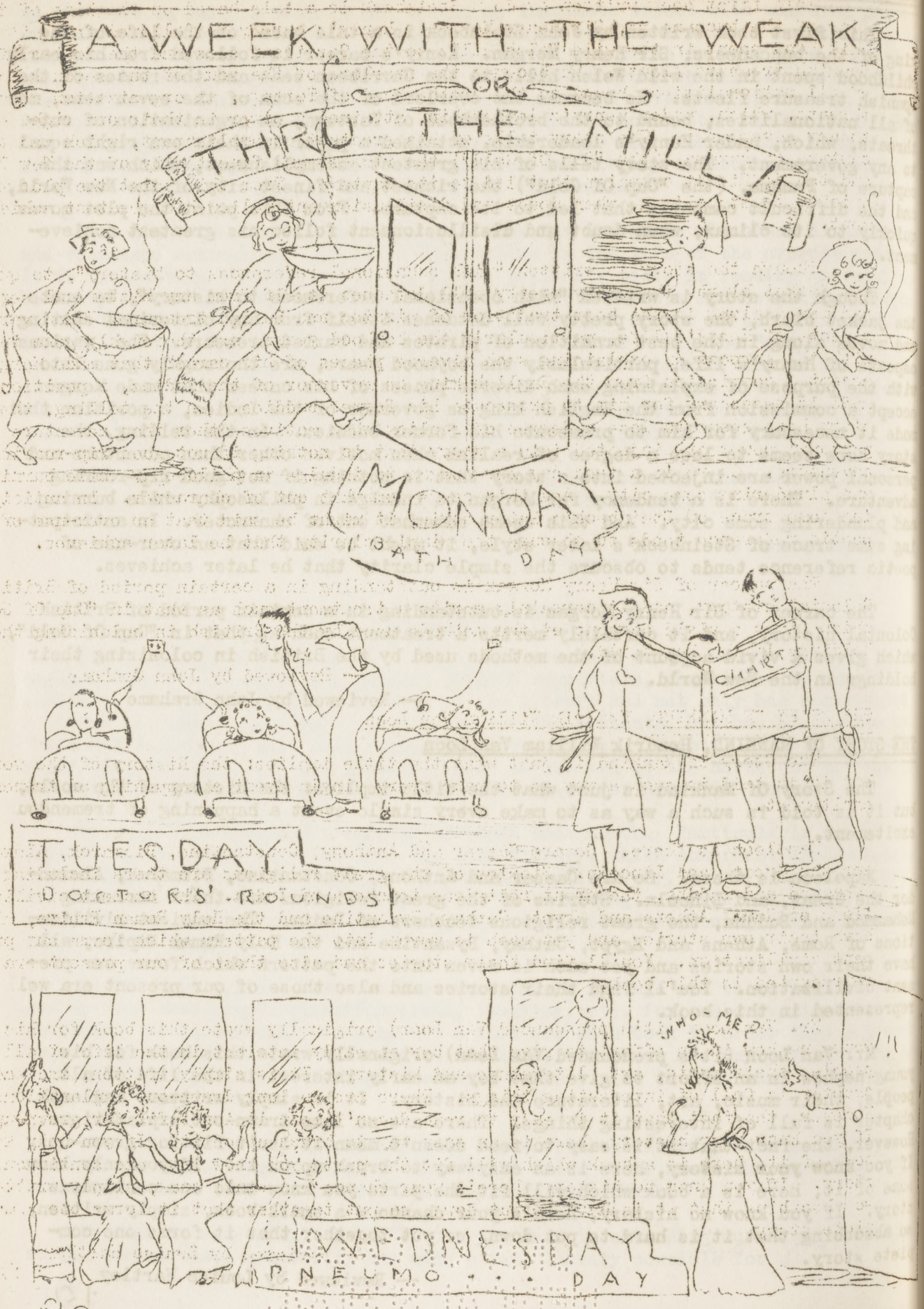
THE STORY OF MANKIND, Hendrik William Van Loon

The Story Of Mankind is just what the title implies: the history of the world, but it is told in such a way as to make every single event a happening of tremendous excitement.

Napoleon is there. So are Caesar and Anthony, Constantine, Bismarck, Alexander the Great, and Lincoln. Stories of the great religious are there including Mohammed and Buddha, the great religious teachers of India. The ancient civilizations of Rome, Athens and Egypt, Cathay, Byzantine and the Holy Roman Empire, all have their own stories and yet each is woven into the pattern which forms our present civilization. You'll find their stories and also those of our present era well represented in this book.

Mr. Van Loon (it's pronounced Van Loan) originally wrote this book for his young nephew in an effort to give that boy an early interest in the life of all people, their music, art, literature and history. It is simply written, and each chapter is full of interesting things. There are no long drawn-out explanations. However, the fact that it is easy to read doesn't mean it isn't fit for grown-ups. If you know your history, here is an easy way to brush up on it. If you only know some of it, here is a book which will fit the parts you know into one continuous story. If you know no history, here's your chance - a small book, simply written, so absorbing that it is hard to put down, so put together that it forms one complete story.

--- Reviewed by Louise Hartley


A WEEK WITH THE WEAK
OR
THRU THE MILL!
MONDAY
BATH DAY
CHART
TUESDAY
DOCTORS' ROUNDS
"WHO-ME?"
WEDNESDAY
PNEUMO . . . DAY

THURSDAY
AFTERNOON
BING CROSBY
NIGHT
FRIDAY
INSPECTION DAY
ALSO FISH DAY
KSFH
LISTENING POST
REMARK
OR SCHAPERS PROGRAM AT 1:30 P.M. (SHARP)!
SATURDAY
THE WESTERNERS
CHARLIE McCARTHY AT 4:P.M.
HERE AGAIN!
CAKE
VISITORS ON
SUNDAY
HI!
PK

reverie

Whether I strode in a reverie
Or was carried away on the wings
Of a halcyon dream, I know not,
But found myself in a mystic land
Of a queer enchantment.
I stood before a valley
Where I dared not enter in --
For darkness
Or some vague forebodings
Made the entrance undesired.

Then I turned and saw above me
In brightness, as it were,
A colonnade of sapphire
(In symmetrical fashion)
Around a crystal esplannade;
And before each lofty column
Stood jasper cherubims
Holding cuddled in their arms
Little golden Eros.

I lingered 'neath an archway
And gazed out upon a scene
Veiled in myth and melody
Where satyrs played on reed and fife
While nymphs and bacchantes danced
Midst poppy blooms,
And maenads waved their golden wands
In rhymthmic cadence to their fluted tunes
As bright sunbeams glistened
On their rainbow colored aureoles.

In fancies strange and grandiose,
This Garden of the Deities attracted me
As though it were the fates' command
To venture forth among them.
But suddenly I perceived
That before me lay an abyss
Quite impassable.
Then slowly I began to understand
That from where I was
One might behold in wonderment
This Elysian field, but to enter there
One must needs go through
The valley of the shadow
Which I first beheld.

-- Leon Bradley

FACING FACTS

After carrying on most of my correspondence on postcards for some years, I am quite out of the habit of writing in other than the telegram style. Yet I get a great deal of personal satisfaction in putting my thoughts down on paper. It is surprising what comes out - ideas I didn't know I had in my system. To take an idea and follow it as far as you can go certainly broadens your viewpoint and makes it much clearer in your mind.

For some time I have been incubating the germ of an idea for an article on "When to Tell the Patient the True Status of his Case," but before it could scratch itself out Dr. Schaper very ably expressed his viewpoint over the radio with the full authority of his position to back him up.

He said that if he had anything wrong, no matter how serious, he would want to be treated as an intelligent human being and be told his condition. I agree with him, and from experience I would say that the majority of the patients would concur.

Speaking for myself, though, I would say that there is a certain time element involved. No, I wouldn't like to have been told everything that first day. Tb. had never entered my life before. I did not know that I had had any contact with it, and was entirely ignorant about it - so much so that as my castles appeared to crumble one of my first thoughts was, "How am I going to get to Arizona?" No, I wouldn't like to have been told that first day nor those first few months.

Dr. Schaper said that he would want to be treated as an intelligent human being. To do so would mean that he would have to understand, to have some knowledge of the subject being discussed. That is why literature is given us to read; why facts are brought to our attention over the radio; why articles are written in The CLARION, and why education is continuously being stressed as so necessary.

We come into the hospital, usually with the understanding that there is nothing much wrong with us that a few, or maybe six months rest will not fix up. We rest, gain a few pounds and are feeling much better; then, if our education has kept pace, we should be told our true condition. It is the combined work of the doctor with the patient that gets us well. There should be close contact and cooperation between the two. We need all the information available in our fight to get well.

Though Dr. Schaper said that he would want to know his own status, he admitted that it is a very delicate problem and the subject of much controversy. It is easy to harmonize with the opposing doctors' viewpoints. After all, they feel that they are looking to the interest of the patient and are trying to save him from unnecessary worry. His condition may not be so bad, but if everyone is told that how is he to classify himself? Many patients would be saved from injury if they had some knowledge of their case. It may be a highly technical subject to attempt to explain to uninformed people, but they can be educated. The entire field of medicine does not have to be covered, but in a few months time they should have enough knowledge to understand the subject as it relates to their particular problem.

Progress is only made by facing facts. How can we plan our attack, how can we fight unless we know against what we are fighting?

No one with the will to get well will fight the less hard for knowing what his task really is.

-- Gordon B. Stone

would you change places?

The other morning I awoke and looked around me. For the first time I really began to see "us" as we really were. What did I see? Well, let me tell you. I saw four well-fed "normal" persons who, at the time, were contented and comfortably asleep.

"Contented?" you ask. "How so, when they are confined to a bed in a hospital without the freedom of the great city in which they live?"

I said contented and I mean just that. We could be if we just made up our minds to take the bitter with the sweet. Just think of the advantages we have over our brothers in Europe. Consider your situation compared with theirs. When was the last time you had to go for days without food? Do you cringe whenever you hear an aeroplane overhead and wonder if you will survive the bombing?

Suppose you haven't had a new pair of pajamas for two months. So what? Can you remember the time when you froze from the lack of clothes? Neither can I.

As I still lay there thinking of "us", the hand of my clock crept to 5:30. Slowly life came into the prostrate figures. Hot wash water was passed; soap, towels and toothbrushes came into view, and the sound of brushing of teeth was clearly heard. Not one of us, I was sure, would care to change places with the fellow across the ocean. Why should we? We know when we're well off, even though our complaints still go on.

-- Patricia Perry

---

horizontal soliloquy

My little world is quite complete
Marked by the chapel on one side
and a garden at my feet.

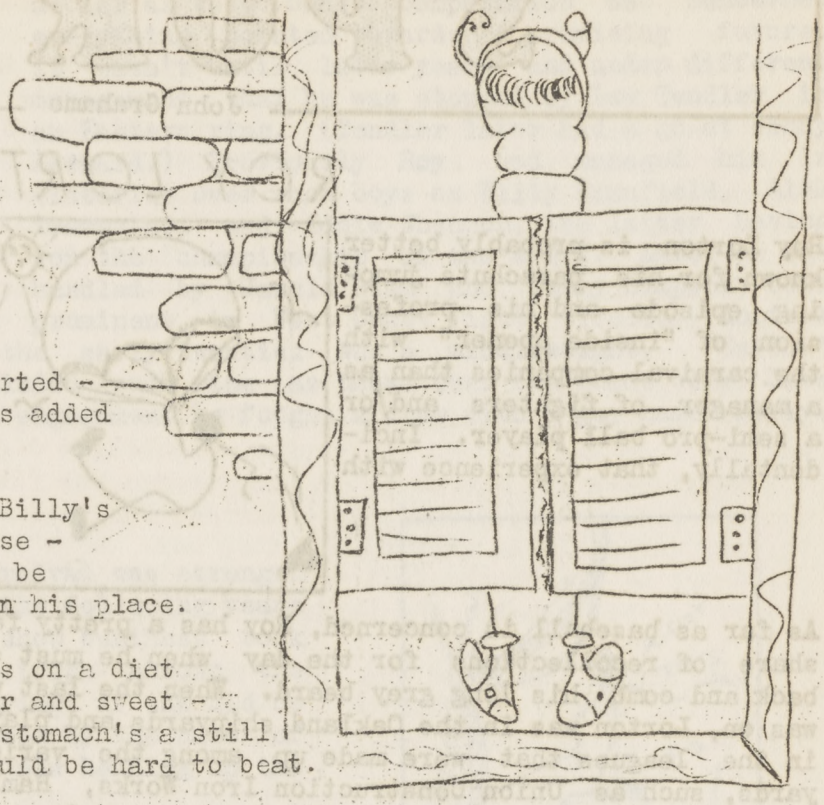
I've Heaven for a roof with robins
singing high
And at times a yellow moon lights
my Eastern sky.

Today the silver curtain of the rain
Instead of dimming, makes twice as plain
That the lovely blossoms
pinned by Spring
upon my favorite tree
Have been plucked
by the fingers of the Wind
and sent to Eternity.

Within my world I've taken care
of Spring
Now's the wonder, What will
Summer bring?

-- Florence Davies

in exoneration of billy the bee



When dear little Billy
Read what you said -
He almost immediately
Took to his bed.

We called Dr. Painless
To make a diagnosis -
And this, my friend,
Was his prognosis.

Sugar to alcohol
Is in stomach converted -
But with other foods added
Disaster's averted.

Now our dear Billy's
A very sad case -
And you would be
Just as bad in his place.

He lives on a diet
Of sugar and sweet -
So his stomach's a still
That would be hard to beat.

Now Billy has weakened
He swooned with chagrin -
To think that he
Was so drunken within.

Our Billy's exonerated
I know you'll agree -
We have proven it all
By fluoroscopy.

If Billy would drink
It was not from desire -
I'm sure we all know
You can fight fire with fire.

So now you can see
Our Billy was blameless -
As for you, Don MacCormac
I think you are shameless.

Now just to be feminine
I'll insist that I'm heard -
It's a woman's prerogative
To have the last word.

Say what was our Donald
Doing out and around -
In all the strange places
Where Billy was found?

-- Norma Johnson

SPORTS

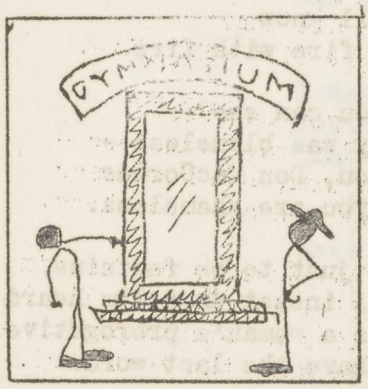
John Grahame

ROY LORTON

Roy Lorton is probably better known for his parachute jumping episode and his profession of "inside opener" with the carnival companies than as a manager of fighters and/or a semi-pro ball player. Incidentally, that experience with

the parachute wasn't quite as smooth as it might have been as Roy managed to get himself laid up for a week. He happened to take a bad bounce when the ground came up to meet him, and then was dragged along by the 'chute.

As far as baseball is concerned, Roy has a pretty fair share of recollections for the day when he must sit back and comb his long grey beard. When the last war was on, Lorton was in the Oakland shipyards and played in the leagues that were made up among the various yards, such as Union Construction Iron Works, Hamlon Shipyards and Moore Shipbuilding and Drydock Company. Some pretty fair talent developed in these leagues. "Buzz" Arlett first played in Oakland on the teams with Lorton before he graduated to the Coast League and later to Philadelphia where he made a reputation as a heavy hitter. Carl Howling also started in Oakland and later pitched for Detroit. Roy also played with a player by the name of "Sloppy" Thurston who some how, some way, made a name for himself.

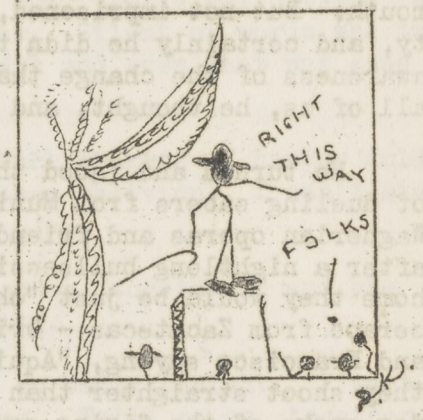


After several years in the Oakland leagues Lorton was in Humboldt County with a lumber concern, and it was not long until he had the whole mill organized in a ball league. All of the different crafts had a team. This was a large plant, and quite isolated, and the owner was so satisfied with the recreational value of the league that a big gymnasium was built, and Lorton was put in charge of the whole works. In addition the Company decided to put a team in the Timber League and Lorton, who was playing second base for Eureka in the Timber League at the time, was made the coach.

Before leaving Eureka our versatile youngster had an opportunity to go into the fight promotion business there. However, things looked better in the bay area, and it was about 1920 that he had a good boy by the name of "Oakland" Jimmy Duffy fight-

ing for him. This fighter was a lightweight, and as far as West Coast competition was concerned everything pointed towards a promising future. It wasn't until later years and under different management that he was stopped by Lew Tendler in an Eastern ring. (Tendler later had a go at Benny Leonard.) Previously Roy had managed him in victories over such boys as Willy Hunafield, Alek Trampetes, and Eddie Shannon, the latter having won the championship of the A.E.F. Later he was handled by Harold Blum and Tommy Simpson, both prominent in West Coast fight circles. Another ighter which Roy handled in the early twenties was a middleweight, "Sailor" ank Haney, and his record included such wins as those over the Shade boys, Dave d Billy; while at a Dreamland engagement he fought a draw with a guy named Barry.

om here on the lure of the carnival was stronger an the prize ring, and during the following years avel and the glamor of the show business took y everywhere, including two trips across the acific. Right now he is wondering if the kid he ed to play ball with in Alameda by the name of ommy Vergez is the same person now heading up the kland ball club.



HORN VS McCOY CHAMP MAYOED

The passing of Kid McCoy in Detroit ecently brings forth a recollection rom Charley Horn that he was once tched for a local bout with "the Real" Coy. This was in 1913, about twenty ars after McCoy had made an appearance n San Francisco, and according to the wspaper accounts everyone was anticiating a good four round bout.

McCoy was starting a comeback and as convinced he still had the old walp and speed. However, he had a hard me convincing the police commission, d the officer in charge of the blueats at the ringside contacted the proter to cancel the fight. In spite of e fact that McCoy had a few fights in e East previously and the contracts d already been signed, they figured he as too old.

Talking of old time fights and fighters, it comes up that one of the greatest fighters of ring history, Joe Gans, the colored lightweight, had complications with the "bug" even as you and I.

After the Goldfield, Nevada, fight with "Battling" Nelson in 1908 Gans was on the down-grade. Although he won the bout in forty-two rounds, the effort to make a ringside weight of one hundred and thirty pounds, coupled with a Fourth of July bout in the desert sun, undermined his constitution. The same winter Nelson had no trouble in stopping Gans in twelve rounds in a local arena. He didn't last long after that.

Consensus is that Gans was the best fighter, pound for pound, that ever climbed through the ropes.

a new day

From where he was sitting at the typewriter, by craning his neck a little, he could see the bridge with its yellow sodium lights flung across the bay, and ferries shuttling silently back and forth and the lights of the city on the mainland in clusters like poppies in a field, a great mass of yellow in the center and smaller clusters on the fringes 'till they finally dwindled away to nothingness in the dark background. One second, two seconds, three seconds, he started counting, watching the three air beacons above the bridge flash simultaneously and when at the count of ten he saw them flash again, he brought his fist down angrily on the keys of the typewriter.

Why am I so restless, he wondered, and he stood up from his typewriter, its compact mechanism seeming to symbolize the tautness of his unreleased thoughts. And walking from the desk to the window, lighting a cigarette on the way, he felt caged and imprisoned and the taste of the tobacco was flat and unpleasant in his dry mouth. But not imprisoned, he reasoned, for that meant a loss of freedom and liberty, and certainly he didn't feel that way. More a mild sense of frustration and awareness of the change that was to come in his mode of living. Creatures of habit, all of us, he thought, and wondered if Jan were feeling the same way.

He turned and faced the comfortable friendliness of things familiar. The pair of dueling sabers from Munich and memories of biergartens and rathskellars and cheap Wagnerian operas and friendly guttural neighbors and the sun clean and cool at dawn after a nightlong bullsession with fellow correspondents and he knew that in his new home they would be just "oh, something my husband picked up in Germeny" and the serape from Zacatecas - brilliant reds and greens and warm browns and rich blues, and Francisco saying, "Aqui, mi amigo, take this in remembrance of me and I hope they shoot straighter than they ever have before," and the acrid tang of the gunpowder smoke of the firing squad as it drifted slowly from the muzzles of the rifles into the dazzling sunlight and the ship's compass from the sloop Marherita and lazy days in the Carribean and arguments about literature and writing and their relation to life and mornings at the portable typewriter with the sloop yawing easily to the offshore breeze and no one giving a damn - and he knew that though he would miss all that, this was not the core of his restlessness and nostalgia.

And moving from the window to an ashtray, he felt himself a tightly-bound bundle of nervous tension and the cigarette rolled clumsily from his fingers and on the slickness of the varnished desk top. He hurriedly picked it up and absently rubbed his fingers across the moist stain left on the polished surface.

It has always been this way with me, he thought. Always this indecision and always this fear. As it was in the beginning, as it was with Betty four years ago is this, he thought, the same feeling.

* * * * * * *

Two more days and my college days will be over, he was thinking, and the halcyon days, the happy peaceful days of shelter from life and reality will be but memories. My final exam tomorrow, the next day baccalaureate, and the next commencement. And then I'll be walking down the greensward of the campus lawn for the last time.

And deep down within him - as far within him as life is extant, he felt a twinge of sorrow and a grave loss that he knew he could never recapture. The print of the pages of the book before him became indistinct. It's not tears, he denied, it's just that my eyes are tired - why should it be tears, he thought angrily, and

he ran his hand impatiently through his already rumpled hair. Tears just because it's good-by? And good-by to what? Betty, that's all. Betty and dances and walks and movies and forbidden trips to the big city. Betty and sketching and laughter and early Sunday morning breakfasts. Betty...soón it'll be eight o'clock and I'll be going up to the Kappa Omega house and asking for you and when you come into the foyer, there'll be the same twinge at my heart, the same tightness in my throat, the same pounding of the pulse and the elated lift of the psyche that hit me the first time I met you.....Betty, two more days and it'll be good-by. Just another campus romance...we'll write letters for a while...ardent ones...soon they'll dwindle down to a note every month and then a card on Christmas.

He felt a sudden urge to see her, to tell her that there would be no forgetting, to deny vehemently and passionately that life could mean the severing of everything between the two. And while waiting for her in the lobby of the sorority house, his mouth dry, he wanted to shout out, I don't want to leave this! This is home, this is where I belong! Not out there in the cruelty and stupidity of the world!

But when she came down the stairs, he said nothing but, "Let's get outside" and she sensed his mood and they walked out the door together. Silent of words the two ...the scrape of the footsteps on the graveled campus path and even that was gone as they cut across the lawn.

"Two more days and it'll all be over," he said. "Much shaking of hands, Auld Lang Syne, promises to get together for homecoming and then oblivion. I can't stand the thought of it."

"But not for us - it's not good-by for us. We'll go on, together," and she gripped his arm with a fierceness that came from sincerity.

He turned to her. "That's why I wanted to see you so badly tonight. I wanted to say that to you...I wanted to hear you say it to me. We'll go on, together... it's not good-by for us. God! It can't be!"

A tinge of terror crept into his voice, an echo of the loneliness to come, for they both knew that when the good-bys were said two days hence, they would be trodding separate paths. Back in his room again, stifling fear of the truth choked him and he gazed about with unseeing eyes. This pain I feel, he thought, this pain is not for naught...this is not good-by.....

* * * * * *

The phone rang shrilly, bridging the gap from then to now, the dream to real. It was Jan saying, "I just had to call you, darling. Tomorrow we'll be married forever and ever and I can hardly wait. Are you nervous at all? I am. I love you."

And when he set the phone back in its cradle, there was a new sense of peace and vital wholeness, a glorious lift of exultation and a promise of a richer and fuller life. The former feeling of restlessness and indecision had gone. He sat utterly relaxed in his chair and filled and lit his pipe. The smooth bowl was pleasant in his hand and he watched the smoke rise into the circle of the lamplight and twist waveringly to the ceiling.

All my life, he thought, all my life I have been growing and living for this. All my life has been but a preparation for this. My love is deeper, my heart surer. Tomorrow, he said, tomorrow is why I was born.

-- E. S.

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RESIDENT PHYSICIAN & SUPERINTENDENT, HASSLER HEALTH HOME
Wm. Van Deventer, M.D.

Quote and Unquote

April 29, 1940

Dear Ed:

A note of bitter discontentment emanates from the pen of our worthy contemporary, Mr. Gordon Stone, in regards to the editorial policy of The CLARION.

However much I defend the rights of Mr. Stone to his opinion, I take a firm stand in favor of Miss Morton's suggestions that the patients' chatter be minimized. If we expect support to be extended by the public at large The CLARION needs be made interesting to everyone in general.

Comments on the new hair-do worn by Lizzie Clutch, or the nonsensical idiosyncrasies manifested by Joe Sloofoot are of insignificant interest; a mere trivia to those not directly connected with the hospital or Farm.

Let our little magazine be an example of proficiency which will merit the whole-hearted support of the entire community of San Francisco, and not merely an organ of shallow inmuendo and flippant absurdities.

B. Sands
Ward 26

March 24, 1940

Editor:

..... Instead of giving the wild geese, flowers or the humming birds, along with somebody getting a new pair of slippers, all the publicity, as in the past (which I am quite sure is of interest to no one) would it be impossible to publish a list of names of any patients who were fortunate enough to receive an arrested case and were discharged from Hassler's? Not only an arrested case, but any kind of a cure. Why not let people know that last week "Joe Busch" or "Oscar Wilde" was discharged, and next week Bill or Jack are expected to again be in circulation?

Perhaps "Joe Busch" at one time was a very sick man and is now able to return home. If any patient who knew "Joe" and he himself is very sick, I am sure that information will give the sick patient a new lease on life, after all if Joe got better why can't I?

Stanley Kelly
Hassler Health Home

May 2, 1940

Dear Mr. Shimano:

As one of my last jobs as Editor of San Echoes, I want to congratulate you and your staff on the fine new magazine you are publishing. It is already outstanding in the mimeograph field, and I especially like your idea of originality and home talent making up the material used. We are very proud to be included in your exchange list.

My very best regards for a long and prosperous future for The CLARION.

Marjorie Northern
Editor, San Echoes

April 21, 1940

Dear Mr. Shimano:

The CLARION arrived several days ago and is being thoroughly enjoyed. Congratulations upon the choice of so pertinent a name for your magazine!

Upon reading Dr. Schaper's "Up Through Tribulation" and your letter very carefully, I find that The CLARION and COURAGE have a very great deal in common. We too have had our trials and tribulations!....It made us work desperately hard to retain our magazine. By the end of the subscription contest...we had acquired a banking account of sufficient proportions to assure us of financial security for the next thirteen months.....So you see, we are very proud of ourselves and may be forgiven this touch of smugness, don't you think!...We have to keep our eyes on our knitting continually, though, for you see, none of us has actual "time up" and so is at something of a disadvantage for all his work, soliciting of ads and subscriptions etc. must be done from his bed.... Our aim, like yours, is to teach the cure and prevention of tuberculosis.

Every good wish to you all and to The CLARION.....Good luck!

Mary C. Dell, Editor
Courage Magazine.

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR PATIENTS, EMPLOYEES, AND FRIENDS OF THE ANTI-TUBERCULOSIS MOVEMENT

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SAN FRANCISCO HOSPITAL, TUBERCULOSIS DIVISION & HASSLER HEALTH HOME

University of California

The CLARION

VOLUME ONE JULY 1940 NUMBER SIX

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

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Quote and Unquote

On board H.M.S.....
Somewhere at sea.
April 17, 1940

Dear Clarionitos,

I can't tell you how surprised I was to see an "open" letter addressed to Mary and me. Thank you very much for it. Dr. Schaper had told us that he read out occasional passages from our letters but we certainly didn't realize to what extent this "malpraxis" was going on! The amazing thing to me is that you haven't got bored with our news yet, or else you are polite enough to pretend that you haven't.

Your opening sentence "perhaps this isn't just cricket...." shows that Dr. Schaper has already succeeded in introducing some English "public school" phrases into your vocabulary. He may have told you about the day when I took him to Lord's cricket ground. Although he said he enjoyed himself, really he found the game painfully slow and was continually asking when somebody was going to do a "home run."

Since you seem to know our movements so well--I feel that I have a private life no longer--you'll probably know that I am in the Navy now. This war has upset everybody's plans. There was an excellent cartoon in our paper "Punch." (This paper together with Eton, Yorkshire pudding, Picadilly circus and roast beef form the foundation of ye olde Englande that Dr. Schaper tells you about.) The cartoon shows some animals called "flying foxes" hanging by their legs upside down--their invariable position, I know, because I'd recently taken Mary Jan to see some at our local zoo-- and one saying to another, "This world all seems topsy-turvy to me." That's about the situation, isn't it? Still the war can't go on forever.

Good luck to you all in your fight against tuberculosis. Also good luck to The CLARION which I find most enjoyable. I passed on my last copy to a T.B. patient of mine in Hailsham. Again many thanks for your letter--I am getting over the surprise of it gradually. I'll send on the paper to Mary who I'm sure will be equally startled.

Yours,

Peter

EDITORIAL CHATTER:

Even a casual reader, we feel sure, will have noticed the change in cover design on this month's issue, and the change in format and make-up. We hope further that our readers have seen the reorganized editorial staff listing. This, we have done in anticipation of the coming changes when the new wards at Hassler will be opened.

Our boast that we will appear regularly on the 5th of each month is one that we shall strive to make good -- so good, we hope, that eventually the 5th of each month will be known in the hospital as "The CLARION Day."

* * * *

And did you see that line on our masthead that we are a member of the Associated Editors of Tuberculosis Publications? This group was organized in 1937 with the objective of "forming a closer working relationship among those interested in the publication of tuberculosis literature."

Of the approximately seventy publications in the United States and Canada eligible to membership, about fifty belong. That we were appointed to the national membership committee of the AETP so soon after entering the san-mag field, we credit to the fact that our supporters have made The CLARION a magazine worthy of national attention.

* * * *

We are also proud of having an editorial of ours, "Si Jeunesse Savait...." written by K. M. of our staff for the April issue of The CLARION reprinted in the June issue of The Buzzer, the san-mag of the Essex Mountain Sanatorium of Verona, New Jersey.

* * * *

And, finally to all our correspondents who have written in to this department after the 10th of the month, we are sorry that you must wait till next month to see your letter in print. Our deadline is pretty touchy.

Sincerely yours,

Eddie Shimano

The CLARION

THE DETROIT PLAN

By E. A. SCHAPER, M. D.

The annual dinner of the San Francisco Tuberculosis Association was held at the Palace Hotel in San Francisco on May 28, 1940. The guest of honor and principal speaker of the evening was Dr. Paul De Kruif who is well known because of his writing along popular scientific lines. He is the author of "Microbe Hunters," "Our Medicine Men" and many other works of a similar nature. Dr. De Kruif took a leading part in the formation of the "Detroit Plan" for the solution of the tuberculosis problem. He spent the evening talking about the "rise and fall" of this plan.

About one year before the plan was inaugurated a group of about a half dozen men got together one evening to drink beer and discuss some way to reduce the cost of municipal government in the city of Detroit. Among those present beside Dr. De Kruif were Dr. Henry F. Vaughn, Health Director for Wayne County, Michigan in which Detroit is located and Dr. Bruce H. Douglas, Controller of tuberculosis for Detroit. There were several of Detroit's leading and most hardheaded business men in this group who had every reason to desire a reduction in Detroit's tax rate. Before the evening was over several outstanding facts were clear to the minds of all present:

1. Detroit was finding only 20% of her tuberculous in the minimal or early stage when it is most easy to cure.
2. 80% of the cases found were in the advanced stages.
3. The average length of time spent in the local Tuberculosis Hospital for a minimal case was nine months.
4. The average period of treatment in the advanced stages was 18 months.
5. If a case-finding procedure could be evolved which would reverse the figures so that 80% of minimal cases could be found instead of 20%, the cost of the care of the tuberculous could be reduced to the point that millions of dollars could be saved to Detroit each year.

Dr. De Kruif then went to the editor of "The Country Gentlemen," a farm journal, emphasizing the economic side of his plan rather than the humanitarian one. This man being a practical farmer saw the wisdom of the plan and published a long first page article by Dr. De Kruif extolling the virtues of the Detroit plan. This was the opening gun in the publicity campaign. Then another beer hall meeting was called which was attended by William Scripps, owner of The Detroit News and radio station WWJ. He became so enthusiastic over the Detroit plan that he offered the full use of his newspaper and radio station to use as they saw fit, gratis.

In December 1935, one year after their first conference, they began in earnest. First in order to be sure they were right they called a conference of Detroit's leading business men including such well known people as Chrysler, Fisher of Fisher Bodies Corp., Knudsen of General Motors, and Keller of the Chrysler Corp., who were so impressed by the good sense of the idea and its importance from the standpoint of lowering their taxes that they offered to finance the entire program themselves.

The campaign was launched at a big meeting at the Statler Hotel in 1936 after the November elections. An impressive tuberculosis program was put on and a telling effect was produced on those present. A series of 13 daily front page articles was prepared by De Kruif. Special radio programs were broadcast. On the 14th day the Detroit Board of Supervisors appropriated $1,000,000 for a five-year plan designed to spend $200,000 a year in a special case finding campaign. They figured they could

save $1,000,000 a year by spending $200,000. They began on the high tuberculosis mortality areas and made a house to house canvas, x-raying the chests of every case in the areas where 30% or more showed positive tuberculins. In some areas the death rate was as high as 207 per 100,000 population as against a national average of 48. They also had a racial problem among their colored population. This was given special attention. During the two years this plan was intensively carried out in Detroit the number of minimal cases found was raised from 10% to 30% and the death rate was lowered by 18%. At this rate in the five years planned they could have nearly reversed the original minimal and advanced statistics.

Unfortunately a new and less farsighted city administration took office in February 1939 which cut the case finding appropriation from $200,000 to $80,000 for that year. This killed the entire plan. This year the fund has been reduced to $40,000. Thus by following a shortsighted policy of false economy the whole purpose of this wise and truly economical plan has been defeated. All too often a county board of supervisors loses sight of what is ultimately and truly economical in their blind efforts to effect immediate economies in order to keep a tax rate down. They forget that it is frequently necessary to spend money in order to save money.

The situation in San Francisco is much like it was in Detroit. 10% of the cases admitted to our Tuberculosis Hospital are in the minimal stage, 90% are advanced. It costs us $600,000 a year to care for the patients we have at Hassler Health Home and San Francisco Hospital. If we could reverse the figures on our minimal and advanced cases we could practically cut the cost of the care of our tuberculous in half. In other words we could save our tax payers about $300,000 a year. In order to do this it would be necessary to spend about $75,000 a year for five years on such a case finding campaign as the one so successfully used in Detroit for two years. San Francisco is ideally situated for putting a most efficient tuberculosis control system into effect. It is surrounded on three sides by water and has half of the cases of tuberculosis reported located among 20,000 of our 700,000 population, namely, Chinatown. By intelligent planning and with the cooperation of our Board of Supervisors we could easily put into effect here a system which would in a few years reduce our most expensive tuberculosis problem to the status of that of a minor disease. It could become a vicious circle in reverse. For each case we prevent we would save the people of San Francisco the $4,000 that each case of tuberculosis costs the community. The group we have in institutions here now costs our tax payers $2,400,000.

Thus it can readily be seen that a properly administered Detroit plan for San Francisco although it would mean an immediate outlay of several hundred thousand dollars would soon begin to pay valuable dividends not only in the saving of human lives and suffering but what is of more practical importance in these days of high taxes and excessive governmental budgets, in the saving of millions of dollars to those who pay our taxes. The San Francisco Tuberculosis Association is convinced of the soundness of this plan. It is a fine pioneering organization and has made a small start already in Chinatown by organizing a fluoroscoping campaign there. During the past month over 1,000 cases have been examined and about 25 minimal cases of tuberculosis have been found. They are being swamped by applicants and with their limited service only a fraction of the cases needing attention can be accomodated.

This beginning only scratches the surface. There is a great work lying here before us crying out to be done. Shall we continue to ignore it and refuse to spend the money necessary to enable us to save thousands of lives and millions of dollars?

I say No! We must however educate the general public to the point where they will demand that the money be raised to put over this great piece of work and it is up to us, the patients and workers in the San Francisco Tuberculosis Division to educate and agitate until we have succeeded in putting into operation a Detroit plan for the City and County of San Francisco.

TREATMENT OF TUBERCULOSIS
PSYCHOLOGICAL ASPECTS

By JULIAN M. WOLFSOHN, M.D.

Tuberculosis is one of the diseases which modern medicine now claims to be not only preventable but curable as well. This statement can be made because all branches of the medical profession have attacked the problem of tuberculosis in all its varieties and phases in such a way that physicians can treat the physical effects of the disease with greater certainty of benefit which often reaches a truly amazing extent. This great advance is due, in part, to the fact the medical men have come to recognize that the mind plays one of the major roles in the causation of and in the control of tuberculosis, especially in its early stages.

Everyone admits that as in health so in disease, and not the least in tuberculosis, the function of every organ and cell in the body, including the lungs, heart, brain, nerves, etc., enter into the picture.

From what has been said in this introduction you can see that a most hopeful and optimistic note regarding tuberculosis has been sounded.

In this hospital the most modern and efficient methods of treatment have been installed and are responsible for a considerable part of the improvements you all see and feel. But there is one field which, in order that you may receive the full measure of benefit from these treatments, should be explained to you in some detail. I refer to the close relationship which exists between the activities of all the organs of the body, including the lungs, and those of the brain or mind.

There is no doubt that these activities influence each other to such an extent that it will be worth my while to use the rest of the space allowed me to explain to you how and why our moods, thoughts, mental attitudes, and the other processes should and must be so moulded as to complete further the picture of the successful control and cure of tuberculosis.

Today no one hesitates to believe that happiness, health, and contentment are usually the result of adapting ourselves successfully to life.

Do any of you enjoy having about you a grouchy person or one who is suffering from "dyspepsia?" Both of these types seem to be able successfully to drive happiness and good cheer away. Are you all not impatient with their complaints, and do you not realize that most of their symptoms are due to the fact that they refuse to look at or see their problems except through dark colored glasses?

It is remarkable to see the change for the better which occurs in one's health and disposition with a healthy change of outlook. What chance has any one to succeed who follows the star of despondency and criticism instead of adopting the "will to be well," the desire to be patient, and the acceptance that sickness is usually temporary, and that intelligent cooperation makes for more rapid results?

Now, how does this apply to tuberculosis in particular? Let us analyze this problem so that you can help in speeding your cure.

It is well known that things which produce exhaustion, either mental or physical, lower the vitality, help to produce disease and retard the curing process.

It is natural and necessary, therefore, that you avoid as much as possible any unhealthy emotions such as fear, anger, hate, impatience and despondency. We as physicians know if any of these factors is present, even though a patient may be apparently quietly lying in bed seemingly at ease, he may because he is harboring these emotions not be resting at all. In fact we may actually find that the activities of the heart, the blood, the lungs, and the temperature may be seriously affected by them.

It is necessary, if you possess any of these unhealthy emotions which can exaggerate your symptoms or lower your resistance, to banish them by reason and common sense and to replace them by healthy emotions and thoughts, such as hopefulness, contentment, cooperation, confidence, and optimism. To do this is just as important in your case as the efforts in a medical way that the doctors and staff are making for you. In other words, you have an active and important part to play in your cure.

Where courage and a cheerful outlook are lacking the cure is often delayed and diseased states often obtain, but where courage and a cheerful outlook are present your general condition is almost always made better.

Not only are courage and optimism necessary, but they must be closely associated with complete faith and trust in those who have your case in charge. This includes not only your doctors but your nurses as well.

Just at this time I want to ask you a few questions:

What is your attitude toward your illness?
Are you pessimistic or optimistic?
How great is your desire to be well again, and to live normally or nearly so?
Do you look forward with eagerness to a life of activity?
Are you satisfied to remain in a hospital or sanatorium with its enforced rest while you are getting well again?
Are you worrying about your family or about money matters?

These and many more questions if properly and honestly answered, and acted upon sensibly with advice, have a definite bearing on your future, independent in many cases of other forms of treatment.

If all of this is true, then I repeat that you have within yourself one of the important means of reinforcing your natural recovery by avoiding worries of all kinds and by side-stepping other emotional upsets. If you are upset or are worried it is sound advice to talk over your problems with your physician whether you are in a hospital or not, and to heed his advice to you.

If you are sick it would be unnatural were there not threats to your peace of mind and to your feeling of security which arise from the knowledge that you have tuberculosis and suffer such morbid emotions as the fear of not recovering, unpleasant dreams, low spirits, thoughts of the future, ambitions which may have collapsed, separation from family and friends, the plight of those dependent on you, and a thousand and one other thoughts which may plague you.

In order to combat these ideas you must acquire a proper and intelligent philosophy of life and courage in facing the issues arising from your illness. You must accept the diagnosis, advice, and treatment in the bravest way possible and adjust yourself to hospital life until you are discharged. This may occasionally be prolonged for many reasons, but in these situations those patients do best whose spirits and morale run high over the long haul.

In conclusion, summarizing what has been said above --

What should you patients do to aid your recovery?

1. Obey without questioning, have faith in, and cooperate with your doctor and the hospital staff.

2. Realize that you are not the only sufferer from this disease, and that others may have similar or even more difficult problems to solve than you.

3. Never tell your "hard luck" story to any one except your physician or your nurse. They will understand you and give you their best advice. If you repeat your story too often to others not scientifically interested it will lower your spirits and thus delay, or even prevent, the healthy processes which work for a cure.

4. Adjust yourself as soon as possible to the hospital and the treatments given you.

REHABILITATION DEFINED

"Rehabilitation is the weakest part of our present program," said Dr. George H. Becker in the March issue of The CLARION in speaking of the control of tuberculosis. "We should begin to do something about it soon."

And in the May-June CLARION, Dr. E. A. Schaper fired the opening gun in The CLARION's fight for a complete tuberculosis program embracing case finding, isolation, treatment and rehabilitation. In his article he mentioned some of the rehabilitation projects in this country and in England and proposed a feasible scheme for the state of California. The CLARION, in future issues, will deal further with the subject.

So that our readers may not misunderstand and confuse the terms occupational therapy and vocational training with rehabilitation which differs both in nature and procedure, we print here the definitions agreed upon by the Rehabilitation Committee of the Associated Editors of Tuberculosis Publications:

"OCCUPATIONAL THERAPY is the means of keeping patients occupied while they are under treatment. It is of therapeutic value in connection with the rest regime and it should be administered under medical supervision and direction. It is not rehabilitation and it should not be construed as rehabilitation.

"VOCATIONAL TRAINING is the preparation of patients through training or retraining to take up suitable positions or occupations, commensurate with their capacity for work, and at such time as their physical condition may warrant it. This is oftimes carried on during the patient's period of convalescence. It is the first step in many cases toward rehabilitation, and it should not be confused with rehabilitation for it is not rehabilitation.

"REHABILITATION, as the members of the Rehabilitation Committee of the A.E.T.P. understand the term, is the restoration of an individual to a place in society where he or she is restored to physical and economic usefulness. There may be partial rehabilitation or there may be those who may become fully rehabilitated. There may be rehabilitation of a sheltered nature or there may be rehabilitation requiring no outside assistance. These and other phases of the rehabilitation problem will be discussed in future reports; but first of all, let us fix firmly in our minds that neither occupational therapy nor vocational training are rehabilitation, and let us use these terms correctly and thus keep the issue clear."

AN OPEN MIND

Are you an open minded person or do you belong to the vast majority of tight minders or those who shy from a new idea or the changing of an opinion as if it were a plague?

Most of us probably fancy ourselves as being completely open minded. We are vociferous in our contention that there are two sides to every question. We dissertate at great length on the concessions we are willing to make to others. Secretly we agree with ourselves that there may be two sides to the question -- but the sides are our side and the wrong side. We hear the other man out, cluck a few times, shake our heads in pity and mark him down as a deluded fool.

We amass a vast amount of information and misinformation, catch phrases, slogans, adages and supposedly sage sayings and from them build an opinion based on fancy rather than fact. In one breath we say "Haste makes waste" and in the next "He who hesitates is lost." We accept each as a truth and use it to prove a point. Each statement is a fallacy unless it is qualified. Sometimes haste does not make waste and quite often he who hesitates is not lost. Many of our favorite sayings are just as far from the real truth. Even if definite and positive proof is given we still refuse to waver from our fixed idea. We balk at analysing new facts that may change our point of view.

How often do we, without any mental reservation, without bias or prejudice of any sort, open our minds and examine the reason for the opinions that we value most? If we could take such an objective view of those opinions how many of them might be changed? Would we not have a more tolerant attitude toward our neighbor? If he could develop this same stepping outside of an idea, how many of the world's troubles might be solved?

The scientific man in his search for the unknown does not begin with a preconceived opinion. He does have some idea that he wants to test and develop. Some, the tight minders, will laugh at him because his opinion is not positive. But the man who really knows must wait until all the evidence is in before even partially convincing himself that he is correct -- and then he'll go on from there seeking new truths and further proof. His ideas are not static but ever changing as progress is made.

Another of our popular fancies is that the mind cannot be measured. Who says it can't and why not? It is another of those "they say" statements wherein we never discover who "they" are. Why can't the mind be measured? It exists. Some people use it for thinking and others because of mental laziness and stagnation use it not at all but it still has a capacity.

Open minders and tight minders may be equal in intelligence but the former account for the new ideas and most of the improvements that benefit mankind in general. They become wiser and carry their fellow men with them.

Many people go through a process of making up their minds. When it's made up they shut the door and lock it and even boast of the fact that when their mind is made up nobody can ever change it. Had our inventors and scientists clung to any such idea very few if any of our modern mechanical marvels would exist. Man might have conceived an automobile in its original form but if the world were filled with those who refused to change their minds the auto would still be in its crude state-- unstable and ready to blow you to kingdom come whenever it felt in the mood.

-- H. H.

CLASSIFICATION OF TUBERCULOSIS

By SIDNEY J. SHIPMAN, M. D.
Chief of U. C. Service

When I was assigned the subject of the Classification of Tuberculosis, it occurred to me that it would be very difficult to make this subject interesting to you patients. However, as I had time to think the matter over, I came to the conclusion that far from assigning me one of the hardest topics to discuss from the point of view of the patient, I had really been given one of the most interesting ones.

At first thought the classification of tuberculosis appears to have little importance for the patient. As we look at the development of our knowledge of tuberculosis, however, we find that it is of the utmost importance in its effect upon the patient's outlook. Years ago the disease, as we know tuberculosis, did not exist even in the minds of doctors. All sorts of things that affect the lungs, such as abscesses, bronchiectasis, various forms of bronchitis, tumors, as well as tuberculosis, were thought to be "consumption." On the other hand, the manifold diseases that the tubercle bacillus causes elsewhere in the body, as in the bones, kidneys, intestines and so forth, were thought to be merely diseases of those organs and their general significance was not appreciated.

It was not until Dr. Villemin, near the middle of the last century, conclusively demonstrated that all of the different manifestations caused by the tubercle bacillus were really one disease that the idea of the disease tuberculosis began to crystallize. A few years later you will remember -- in 1882 to be exact -- Robert Koch demonstrated that the tubercle bacillus caused tuberculosis wherever it manifested itself, and so strengthened Villemin's concept that tuberculosis was really one disease. This helped to rule out all of those diseases which caused cough and expectoration but were not due to the tubercle bacillus. Even today the discovery of the tubercle bacillus in the sputum or elsewhere is the most conclusive evidence that one has tuberculosis.

Having arrived at a clear cut notion that tuberculosis affected many different organs in the body, it was therefore logical to classify tuberculosis into pulmonary tuberculosis (or tuberculosis of the lungs), tuberculosis of the intestines, the lymph glands, the bones, the joints and so on. This was about the earliest useful classification that we had.

Science is always seeking for more exact terms, however, so it became advisable to subdivide tuberculosis of the organs into different types of tuberculosis involving an organ. For example, when considering the question of pulmonary tuberculosis it was extremely important to know whether a patient had the type which is caused when tubercle bacilli entered the body for the first time, or the type which is caused in a body which has harbored tubercle bacilli for a time and later became reinfected, perhaps from the bacilli which smoulder in the original diseased area and later spread elsewhere, or by infection from someone else. A classification was therefore set up based upon the first infection and reinfection types of the disease called respectively, childhood tuberculosis and adult type tuberculosis, the former usually occurring during childhood and the latter usually attacking adults. However, as control measures became more and more effective and fewer and fewer people were infected with the germs of tuberculosis, the so-called childhood type became more common in adults, and this classification was changed so that one now speaks of the first infection type whether it occurs in adults or children. This is the type which does not make a person very ill as a rule and he almost always gets

better. The so-called reinfection type of tuberculosis betrayed many different forms also, so that a number of years ago a doctor by the name of Turban thought that a classification for pulmonary tuberculosis should be attempted and evolved one based upon the extent of the disease. Modifications of this classification are still used and at present the terms minimal, moderately advanced and far advanced are used to express conveniently the amount of lung tissue that is involved and to some extent what that involvement is like.

This is very important to you patients because if you do not behave, you can progress from a minimal to a moderately advanced case; while if you take the cure properly it is possible to become a minimal case instead of an advanced one.

After Turban made his classification, good doctors dealing with tuberculosis discovered that a classification based on the extent of the disease was not sufficient because even though similar areas were involved, two patients might react very differently to their disease. For example, tuberculosis involving the right upper lobe with a type of disease resembling pneumonia might disappear entirely whereas tuberculosis of the right upper lobe that had hardened over a period of years would never absorb completely, but would heal by hardening still further, narrowing the spaces between the ribs and pulling the midline structures, such as the wind pipe and esophagus, toward the affected side. Consequently, terms were adopted which expressed not only the extent of the disease but also the type of disease, as for example, minimal exudative, meaning the acute type that clears up rapidly, or minimal productive or proliferative, meaning the type that produces scar tissue.

All this is important and should be interesting to you because it should show you that over the years medical men have been developing more effective methods of measuring your disease and of estimating your outlook. If your outlook is not as favorable as it should be by rest alone, then knowing the type of disease that you have and what usually happens it is possible by means of compression, such as pneumothorax, thoracoplasty or by other measures, to influence favorably the disease that you have rather than allow it to run an uninterrupted course. It is of great advantage to you that doctors have such exact methods of checking your disease. No doubt other still more effective methods will be in use in the future, although it is to be hoped that with your co-operation it will be possible to wipe out tuberculosis before all of our clinical problems are solved.

There is another aspect of these classifications that appeals to medical men and is somewhat less direct in its application to you as individuals. That is, the use of classifications in records for the country as a whole. For example, suppose John Jones has tuberculosis and is sent to a sanatorium in northern New York state, and that Bill Smith has tuberculosis and is sent to a sanatorium in North Carolina. Let us suppose that both John Jones and Bill Smith are young fellows and become interested in tuberculosis while taking the cure. They decide to study medicine and make the treatment of tuberculosis their specialty. Let us suppose that at a medical meeting some years later they meet and begin to discuss which is the better place to take the cure -- northern New York state or North Carolina. They find out how many patients have taken the cure at the sanatorium in New York and how many have taken the cure in the sanatorium in North Carolina. They also learn how many patients are well and at work -- let us say ten years after discharge from the sanatorium. And then they find that this means nothing at all because they do not know whether the sanatorium in New York had more advanced cases than the sanatorium in North Carolina or vice versa. So they go back through the records and learn that the cases fall into essentially the same category and can be compared. And so they arrive at their conclusions.

Or take another example. For a number of years the Metropolitan Life Insurance

Company has been fluoroscoping all of its employees and sending all those who have tuberculosis to its sanatorium at Mt. McGregor, New York. In repeating this year after year they find that the admissions for advanced disease are becoming less and less, as are the total admissions. But what is more interesting is that the ratio of advanced cases to minimal ones is changing also. There are more minimal cases per advanced case, although the number as a whole has declined too. This shows that the Metropolitan Life Insurance Company has been successful in its combat against tuberculosis among its employees, and also how doctors can take advantage of the statistics which are obtained by classifying tuberculosis into various types and stages.

When we come back to the question of individuals and how classifications benefit them, we are particularly struck with the effect upon the treatment in children. If children have the first infection type of tuberculosis, we know that it is generally sufficient to remove them from the source of their infection, and they will usually recover without much else in the way of treatment. If they have the type of disease which is caused by a subsequent infection, it is usually necessary to compress the affected lung at once. So here again classification of your disease is a big help to the doctor. And it benefits the country as a whole since the statistics to which you contribute may be useful to people all over the world for a long time to come.

snake in the wall

A year ago I had a beauty parlor at Fort Randolph, an army post in Panama, Canal Zone. One day as I was about to leave to go to lunch, I went into the supply room to lay out some material for my customer who was due at one-thirty. I noticed a hole in the beaver board wall which I hadn't seen before. Even though I had my dark glasses on, that hole somehow looked very odd to me. It fairly seemed to me to scream SNAKE! I took off my glasses and gave that hole a good look. That convinced me it was a snake, and did I move fast in getting out of there!

I hurried to the post library and said to the soldier-librarian, "You know, I wasn't drinking last night, but I think there is a snake in the wall of my shop. Would you come over and see for sure if it is?"

I led him to the little supply room. He bent over and peered into the hole in the wall. "Hell, yes!" he shouted. "And it's alive!"

He ran downstairs to get one of the native boys but after the latter saw it was a live snake he wouldn't have anything to do with it. Two soldiers came walking down the street about that time and were attracted by the commotion that was going on. They looked in and asked what it was all about. When they had heard, one spoke up, "If you'll give me the permission, I'll break down the wall and get the snake out."

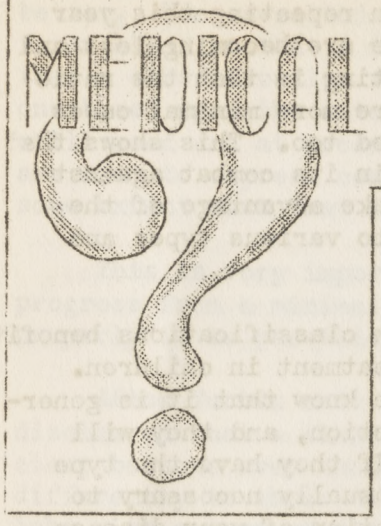
Naturally, I gave him permission. Both soldiers began smashing in the wall with baseball bats they got from the gym. Finally only two corners were left standing, one at the top right and the other at the bottom left. One of the boys put the bat in the lower corner and tore that fragment of the wall away but there was no snake there.

Then he attacked the top corner. Out dropped the biggest snake I had ever seen. As soon as it hit the floor, the soldiers began swinging their bats, breaking the snake's head to pieces. It was a "baby" boa-constrictor, at least six feet long and a good four inches in diameter.

A lot had happened in that half hour. When my appointment came at one-thirty you can well imagine what was the topic of the day.

-- Vivian Francisco

MEDICAL INFORMATION PLEASE



Q. - What is a fistula? Is it necessarily tuberculous?
A. - A fistula is a sinus tract -- sometimes from the bronchus to the pleura, or from an abscess in the rectal region to the surface. They are not necessarily tuberculous.

Q. - In a thoracoplasty how much of each rib is usually removed? Is anything done to prevent regeneration or is regeneration desirable?
A. - Practically all of the first and second and most of the third, with a smaller amount of the lower ribs. The lining of the ribs, periosteum, is treated so that the rib will not become solid over that portion thus allowing the further retraction of the rib cage for some time as the disease in the lung heals.

Q. - What may cause the diaphragm to rise when no operation has been performed?
A. - A pinching of the phrenic nerve by disease along its path in the chest will cause the diaphragm to rise. Also disease under the diaphragm or air injected into the abdomen will push it up.

Q. - What is atelectasis?
A. - Absence of air in the lung.

Q. - Can the symptoms of bronchiectasis be similar to those of tuberculosis without a tuberculous condition existing?
A. - Yes. Bronchiectasis can produce all the symptoms of tuberculosis, but the x-ray picture and sputum analysis help in distinguishing the two.

Q. - What is silicosis?
A. - A diffuse scarring in the lung caused by the irritation of minute particles of silica which have been inhaled.

Q. - Can tuberculosis of the intestines be recognized by its symptoms? How is it diagnosed?
A. - Rather advanced tuberculosis of the intestines can be diagnosed by symptoms but early diagnosis is made by the x-ray examination of the intestinal tract.

Q. - How is tuberculosis of the bones caused?
A. - Tubercle bacilli are carried through the blood stream to joints where tuberculous disease is set up and from the joint the disease may spread to bones.

Q. - When tuberculous peritonitis exists how do the bacilli get to that part of the body?
A. - The condition is often caused by a spread from the disease in the intestines after bacilli have been swallowed or it may develop there from a spread from a tuberculous focus which breaks down.

Q. - Is there any sputum characteristic of tuberculosis?
A. - No.

((Questions answered by Philip H. Pierson, M.D., Chief of Stanford Service.))

HASSLER HEALTH HOME

By WILLIAM C. VAN DEVENTER, M.D.
Superintendent and Resident Physician
Hassler Health Home

It was not until 1840, just 100 years ago, that George Bodington, a country doctor in the village of Erdington, England, proposed a new type of treatment for pulmonary tuberculosis. He vigorously protested against the close confinement of consumptives for fear of the evil influences of cold, fresh air and, to quote from Bodington's essay, "forcing them to breathe over and over again the same foul air contaminated with diseased effluvia of their own persons." The good physician opposed the use of bleeding, calomel and antimony, the then accepted remedies for curing consumptives. He likewise advocated the free administration of nutritious food and stimulants, plenty of exercise in pure and if possible dry "frosty" air. In brief, Bodington felt that dry, cold air was a cure-all for pulmonary tuberculosis and he stated that it had a powerful inluence in "healing and closing cavities and ulcers of the lungs."

Bodington started a sanatorium that treated patients according to his theories. It is not difficult to understand how such a revolutionary doctrine was received by Bodington's associates. He was severely criticized for being so radical. Bodington became discouraged and discontinued treating consumptives, and converted his sanatorium into an insane asylum.

A more fortunate turn of events happened in 1859 when Dr. Herman Brehmer established his sanatorium for the tuberculous at Gobersdorf in Silesia, Germany. This sanatorium was located in the Black Forest, and is credited with being the first successful sanatorium to be established in modern times for the treatment of pulmonary tuberculosis. This physician prescribed life in the open and graduated exercise as the main part of his treatment. It is interesting to note that one of Brehmer's patients, Dr. Peter Dettweiler, observed that when he rested, his health was better than when he exercised. When Dr. Dettweiler recovered, he founded his own sanatorium in which rest was the basis of treatment. The doctor popularized the rest cure in reclining chairs on open air porches. He also introduced the use of the portable sputum cup.

The story of the American, Dr. Edward Livingston Trudeau, is doubtless familiar to all of you. Just when he was about to start practicing medicine, he began to be troubled with fatigue and fever. He consulted a famous diagnostician who told him that he had consumption, that his right lung was nearly gone, and that he had six months to live. He went south to try a warm climate, but he became worse. In the winter of 1872 he went to the Adirondack Mountains in the northern part of New York. There he regained his strength and he returned to New York City the following summer. The winter in the city undid all the progress he had made and he returned to the Adirondacks the following spring. When fall approached Trudeau decided to remain in the mountains in spite of the pleas of his friends who felt that the winter cold would kill him. Even at this late date it was the general opinion that exposure of a tuberculous patient to cold would hasten his death. In spite of opinions Trudeau improved as the winter progressed, and he made the same observation that prompted Dr. Dettweiler to introduce rest as the important factor in curing tuberculosis of the lungs. Trudeau noticed that so long as he got plenty of sun and fresh air, food and rest, he improved.

As he gradually recovered he started to practice medicine as no other physician

lived in that area. He found that he could go out in blizzards and sub-zero weather without ill effects. With this knowledge, Trudeau, in 1884, decided to start treating other tuberculous patients. His first cottage for his sanatorium was completed that same year. This was the first American tuberculosis sanatorium. None of the conveniences that we take for granted was available. There was neither running water

X-RAY UNITS COMPLETED

To those who are acquainted with Hassler, the recent additions and changes will be of interest. To those who are not, the great humanitarian value of the new equipment as contrasted to armaments cannot be ignored. With three new x-ray machines and a new fluoroscope, the change has brought to Hassler the latest in peace weapons against one of civilization's oldest enemies, tuberculosis.

The old dining room and kitchen have been moved to more sumptuous quarters and in its former place an excellent modern x-ray laboratory has been installed. A dark room using the former developing and fixing tanks with the addition of a fine mechanical dryer and a wall-lock for exchanging films, replace the vegetable washing stand. Nurses now have a neat spacious workroom and the porter a large locker where once the cooks hung over ranges and sinks. The old dining room is now divided into four rooms; doctors use one large room for conference, a distilling and sterilizing apparatus in the second, a patients' waiting room and four small dressing rooms in the third, and a new dental x-ray instrument in the fourth.

All of the new x-ray units are more powerful than any used here before and incorporate the latest developments. The chest x-ray machine uses the recently perfected tube with a rotating anode. Simply explained, the improvement multiplies the efficiency of the unit. The anode, as target for the stream of electrons coming from the cathode, quickly becomes heated and thus loses much of its ability to generate x-rays. By constantly rotating, a comparatively cool surface is offered by the anode as a target for the electrons and the x-rays generated are of greater intensity and constancy. Controls of the new apparatus are in proportion to its power and the greater number and sensitivity give a greater command of the x-ray's various potentialities. The chest and general x-ray units are in separate insulated rooms though operated from the same controls.

Stereoscopic pictures taken by the instruments are great aids in recognizing conditions often missed. The new instruments include the latest refinements of this type of plate-making which gives a three-dimensional view of the subject. It too is simple in explanation. After one picture is made, a pressure on a button moves the x-ray tube a very short distance to one side and inserts a new plate. A second picture is taken so shortly after the first that the same internal position is pictured, only from a slightly different angle. The two plates when viewed simultaneously with the aid of a stereoscope, since they show depth, are invaluable to the diagnostician and physician.

For pneumothorax the new fluoroscope is complemented by light-lock chambers and Dr. Van Deventer's own ingenious stand. The light-lock chambers are separate entrance and exit rooms five feet square with two doors operating like the escape chamber of submarines. For the pneumothorax stand, glassware such as jars and tubing were made to order. Equipment is placed on it so as to be available for each part of the operation and the efficient lay-out gives a correct, co-ordinated handling to each patient with the minimum of waste time and effort. Ultra-violet ray treatments will be given with a later-type powerful and accurately controlled hot quartz lamp in the new quarters. It will be used for such troubles as lymphatic, intestinal and bone tuberculosis, acne and other skin irritations.

-- Nathan Siegel

nor sanitary toilets. Nursing and laboratory services did not exist. The x-ray and the fluoroscopic machines had not yet been invented. In spite of all these insufficiencies the patients recovered if they rested and ate an adequate diet.

Various medical, sugical, nursing, and laboratory services, machines and gadgets of all descriptions have been added to improve the care and increase the patient's comfort, but today, as in Dettweiler's and Trudeau's time, the sanatorium care you receive differs little in principle from the care the patients received in sanatoria of sixty years ago. Those principles of care which have stood the test of time are rest, fresh air, adequate diet, peaceful surroundings, proper medical supervision, and sufficient time to complete the cure.

Now that we have learned the development of the modern tuberculosis sanatorium and the principles upon which the sanatoria operate, let us see what Hassler Health Home has to offer.

It stands about five hundred feet above sea level on the top of a sunny hill, some four and a half miles southwest of Redwood City. It consists of an office building, a kitchen and dining room, employees quarters, and six pavilions for patients. In these latter buildings is space to care for 275 patients. In the valley below the main group of buildings is the children's building which will care for 54 children. All of the buildings are of Spanish type architecture, with brown stucco walls and red tile roofs. Suitable facilities are provided for bathing, etc. A radio outlet plug is available for each bed, and in the not too distant future we expect to have our new central radio plant with its public address system.

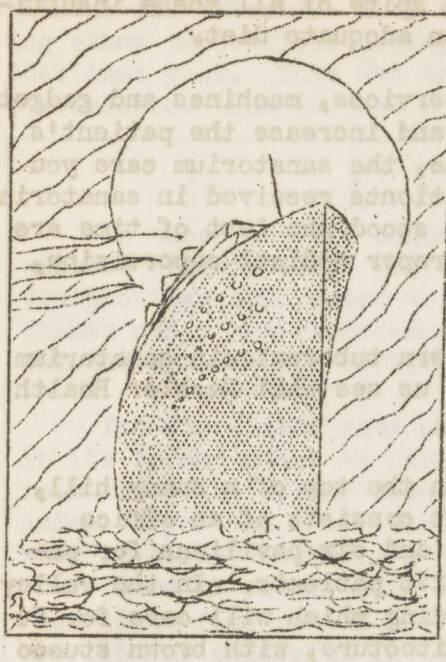
Alterations nearing completion will provide us with complete new equipment for taking chest films. A new fluoroscopy room and a new pneumothorax treatment room will soon be in operation. In this same building will be housed the ultra-violet lights, basal metabolism machine, and similar equipment. Our denture department will continue to operate. (Since this talk was given over KSFH by Dr. Van Deventer on April 19, the new x-ray laboratory has been completed and is now in operation. For a complete description of the new unit see the article on the opposite page.)

The climate at Hassler is delightful. The site was chosen originally because of its freedom from fog. It is a fact that this location has about 100 more clear days per year than does San Francisco. A trial of our climate will convince you. As to our routine, it differs little from that at the San Francisco Hospital. It is our purpose here to continue the treatment begun at the Hospital.

The location of the Hassler Health Home insures a sufficiency of fresh air, and the surroundings are so peaceful that taking the cure becomes a habit. It is so quiet that some of our patients have difficulty sleeping the first few nights after their arrival. The diet is adequate as you all know. Ask any of your bed neighbors who have had the privilege to be a patient at the Home. They will tell you.

I have briefly described the Home to those of you who do not know about it. To summarize, it is a modern sanatorium devoted to the treatment of pulmonary tuberculosis. The services, surroundings, and environment are such that all the requirements for adequate treatment are provided. All those of us who work at the Hassler Health Home await your transfer here for your final period of convalescence. We shall look forward to your arrival.

Visiting days at Hassler Health Home are
Thursdays, Sundays and holidays from
9:30 to 11:30 in the morning and from
2:30 to 4:30 in the afternoon.



ROUND THE WARDS

--AT S.F.HOSPITAL

WARD 19

The girls succumbed to the urge of spring gardening and have planted a vegetable garden in a box. There's an addition to the garden, a real scarecrow about a foot tall, but the latest report is that he doesn't do his work very well as the birds are eating the radish tops. Johnny Johnson says that if you see anyone with a little wagon selling vegetables you'll know where they came from.

○

Attention! all Migraine Headache Sufferers! There was an article in the San Francisco News by a New Mexico doctor stating that people who have this type of headache are dynamic, highly intelligent and have a supersensitive nervous system. Mildred and we have them and although we're sure of the latter we're in doubt about the intelligence, but it sounds good, if that's any comfort.

○

Kathy Lopez became real excited when Dorothy Downey was reading about the Jefferson nickel being worth $1.25, as she has a couple. Practically had the $2.50 spent, while Hazel Jackson moaned because she'd given hers away, but alack and alas, at the end of the item it said not to believe a word of it as it isn't so.

○

Heard one morning, "I just finished sweeping here, so don't drop any stitches."

○

Much ado about bees. Dorothy Levy discovered a swarm of bees in a tree and the hospital personnel and patients came to see it. Miss Foy said she would like to poke them with a stick, then run, but Dr. Gough opined the stick would have to be a block long before he'd try it. An hour or so later a loud humming was heard and bees were flying everywhere. We'll bet Billy the Bee was among them causing this disturbance. They soon settled on another tree. A regular beehive was brought, the inside rubbed with lemon and placed directly under the bees. The gardener showed real courage, putting his bare hand into the swarm, pushing a large number of the bees into the box then putting the cover on. The rest soon followed through the regular opening and later the hive was removed. Mildred knows her bees and enlightened us on their habits. Seeing those bees brought on ideas of honey and hot biscuits, ah me.

-- I. M. P.

WARD 22

Dave Hopper took himself to Denver so there's nobody left to keep Mahatma Gandhi awake at night so the rest of the boys can sleep. The Mahatma might be classed as something of a champ as a snoresman. He whistles both on the inhale and the exhale -- each with equal ease -- and that's an accomplishment.

○

Egan is slightly off his feed because Mattioli has gone Farmer. He used to take Matti for 7 or 8 games of checkers per evening even though Matti kept his courage to the bitter end and waited for the day of reckoning that never came.

"Box Car" Dorr was heard making dire threats against the one who had given him that name, claiming that his only experience was passing them while they were on a siding and he was parked in a drawing room. He really used some fancy words that censors never pass. After a complete check of all the data we're wondering if it should have been "Under the Bridge" Dorr.

O

Johnny Murname seems to have been handing out a few nifties himself. He claims to have been a high diver and entertainer of no little repute back in some good old days. However our new Chinese member Danny says, "Johnny's always talkie lies."

-- R. L.

WARD 23

With the utmost of caution, we proceed once more to put our ward into a secluded nook of inconspicuousness. We truthfully admit we are not in a furor scribendi. However while strolling through the ward we are very much surprised at the amusing incidents. "Bashful" Joe pondering over his latest diversion, jig-saw puzzles. "Whispering" Ray with an impressive looking book. "Handlebar" Tony trimming his moustachio with meticulous care and a Cordian flourish. "Soapbox" Spaulding, surrounded by his cabinet members, mounting the podium and giving voice to a political blurb of world shaking importance. "Little" Peter, the future Ace, flying his model airplane with onomatopoeia (we think that means that he imitates the sound of the motor vocally). "Shuffling" Bob, rounding the corner with a "Hey Bud, got a compass?" And for what?

O

It seems the most discussed topic, outside of baseball, is this career and marriage proposition started by our esteemed Raving Reporter. Woe is me! By giving our boys a little time for preparation we can't imagine what the prepared answers will be like.

O

Anaettes:-- Seems that the new awnings have given our fireside a summer resort appearance. Bring out the deck furniture, the tea and crumpets and we could truly say home was never like this. In this atmosphere we attempt complete relaxation, meanwhile getting fat and lazy and perhaps sassy.....No more the large audience on the south and east porches on Saturday morn. The Westerners had their last round-up recently but we wish them a speedy return. Many happy and amusing hours were spent riding the trail of song and fun.

O

Most amusing incident of the month -- a new patient was humming "I Can't Give You Anything But Love," one of yesterday's hits. However his tune suddenly changed when the interne appeared for a blood test. Thus a new title to the song, "Doctor, I can give you anything but blood!"

-- R. D. B.

WARD 24

William "Snuffy" Smith and Jack Brady, two of our virile gentlemen, have changed a good deal since their arrival here. Turning from their usual manly pursuits, they will now be found in a very arduous game of Hearts. Tsk, tsk, my! how they have changed! We understand James "Mopey" Burros and some other master gave them a few lessons in crib. Perhaps this accounts for the sudden change in the boys.

O

On the scholastic side we are proud to present Warren Wong, who recently received his diploma for completing his last year of high school here at the hospital.

O

Scotty was sitting up in bed raving mad because no one told him that his favorite radio program was on the air. We suggest that a large radio bulletin in neon lights be set up alongside his bed. A few improvements on this would be a machine which would automatically give him a hot foot, throw ice-cold water in his face, or

shake his bed springs violently whenever he forgot to read the program.

Leon "Blimp" Bradley is still on silence but he has the contented look of the poet on his face because he has a mute roommate in Frenchy Briones, who is also on silence. They often become engaged in heated discussions on paper. How can anyone argue politics when on silence? Frenchy can keep from talking but he has a hard time suppressing his laughter.

George Souza gave us a musical treat the other day. George used to play guitar, zither, Cape Horn and backgammon with several of our outstanding bands. He had his guitar up here recently and entertained the ward with a couple of choice selections. We shall be greatly disappointed if he isn't on KSFH in the near future.

In the solarium Thurman "Hill Billy" Smith usually entertains the boys with tall tales of his native Arkansas which rival those of our best liars. Billy Flynn does not believe that people in Arkansas do not buy shoes for their children until they are old enough to go to work or to get married. Santiago isn't quite sure of this either.

-- D. R.

W A R D 2 5

Have you ever seen anything more useless than a worn-out toothbrush? You'll probably travel far and wide and still be convinced that when it has polished its last tooth it belongs in the Valhalla of faithful servants who have done their duty. But you're due to be disillusioned. Frank McCoy takes a handful of them, does some kind of abracadabra, mutters some magic words, tinctures them with honest toil and ingenuity and comes up with anything from a battleship to a bit of costume jewelry. So bring out the old handles, folks, and almost anything is liable to happen. It will be the real McCoy.

Father Clark has made a startling contribution to medical science. It's a cleric's remedy for hiccoughs. Unfortunate that we lack the artist's ability to paint true word pictures. The general idea is to bend over so that the upper half of the body is parallel to the floor, the head is thrown back and then if you're still able, while holding the position, you drink a glass of water. It's a swell trick if you can do it. Haven't found out yet whether a demonstration comes with each pkg. or not.

CLARIONETTES -- That walking machine used by Angelo Nurisso is preliminary training for a bocci ball tournament to be held sometime in the future. Angelo believes in rounding into form early so that he'll be in perfect shape when the chips are down.....And at least one of our mates, make it J. W. for short, is getting the whoops and jingles over the behavior of the Seals. If our Oaks can keep up their pace until this gets into print we'll let out at least a small cheer.....How about some thanks to the Gompers Trade School Radio Group for dropping around to put on their weekly show?.....Having bared themselves to Ward 26's whittlings, Bob Takata, Jack Soule, and Ernie Barkman are back in our fold.....There's a rumor about that John Kondules has been taking lessons in cards from the younger generation.....Some fun, hey, the way R.D.B. plays chess by mail with N.S. Hope they don't get high blood pressure waiting for the mails to get through come winter.

-- H. H.

W A R D 2 6

More power to Paul de Kruif and the organization of the San Francisco Tuberculosis Association that clearly see the needs of public health work regarding the tuberculosis problem and the profit to society of a thorough-going program of discovery and isolation. Whether such forward looking plans will be the last flare-up of the

flame of sympathy and humanity in this world of total war remains to be seen. In any case, a little pessimism is not altogether out of order.

○

To all you people who have been sitting on the edge of your chairs and chewing your nails (Quiet. How many did you say, pal?) waiting to hear how everything is going in our ward, we can say that everything is just peachy (Take it easy, chum, doesn't Herb Caen use the same word?). Miss Betty Mallick, our charming nurse, is wearing a snood these days. Says it keeps her hair out of the sterilizer when she works. "Mama" Christian is away on her vacation in those Mendocino County hills, and Miss Wilds sighs heavily, "What a ward."

○

The other evening we all were up to see the fancy utility room they got in 28. Fine stuff. Chappy "the Scourge" had a great time with all the foot levers and valves. There were sounds of rushing water and hissing clouds of steam, and if there had only been some kind of whistle it would have been like any steam shovel. He was a ball of fire on the new sterilizers. Montgomery was there, and as he is an old beam-and-girder man from the construction industry he was busy taking people by the sleeve and in a serious manner, "See this tile here, well, it's not like this tile over here." Mrs. DeMartini was on hand to beam in a possessive way over the bright tile and chromium, which under other circumstances would make a good cocktail lounge.

○

Bill Green, our orderly.....walking with both feet a couple of feet off the ground.....7½ lb. baby girl.....congratulations....real Havana filler, too.

-- J. G.

WARD 28

After the expenditure of a considerable amount of money, time and effort, and a great amount of robust pounding, Ward 28 is about to enjoy the luxury of a new tile-lined chromium-plated twentieth century version of a Roman plunge. The new conveniences and gadgets are a welcome addition and there is much speculation as to who will be first under the new showers.

○

The following article should cause a smile of satisfaction on the countenance of Dr. Morton Gibbons. The "knitting racket" has been exposed and the racketeer eliminated thanks to Mrs. Johnson, who has taken over and has done a swell job in the interest of bed rest. With all the fellows knitting, a sentinel is not needed to keep the patients in bed. This new phase of occupational therapy has been received with great interest, since even patients who are not allowed to sit up may amuse themselves and keep their minds occupied without hurting themselves or breaking rules.

○

The "Little General" on the night shift demands discipline, but underneath her firmness beats a big and generous heart.

-- A. V.

WARD 31

Now that summer is almost here, you can notice all the new p.j.'s and housecoats. All you can see is color, bright colors, but blue is still the most predominant. Frances Kelly is seen parading up to Pneumo Lane in a new blue and white polka dot housecoat.

○

For the first time in this hospital Commencement Exercises were held. Two people graduated, both from Commerce High. Caroline Yong looked lovely with a beautiful corsage pinned to her peach-colored housecoat. She was quite nervous when she spoke over KSFH but she later remarked that it wasn't as bad as she expected. So

congratulations, Caroline, on your graduation.

○

Girls! Girls! What's the matter? All our internes getting married. Are we slipping? Please don't answer all at once. Well, anyway, we want to extend our congratulations to Dr. Ford Shepherd on his marriage to a pretty little blonde. Incidentally, we've seen her picture and, oh, what dimples! So best of luck.

○

In our explorations we've found a poetess in our midst. She's none other than our own Marie King. This poem will show you how much we've been celebrating.

"Last week we had such a lot of fun,
It was birthday week on Ward 31.
Birthday cakes gloriously arrayed
Passed down our corridor on parade.
Little Ida came first, she was sweet sixteen,
And next she was followed by pretty Helene.
Of course, we couldn't forget our vivacious Flo,
Hester celebrated, too, you know.
Last but not least was a gal named Marie
And her cake was a vision to see.
So, to all who helped in the delivery of the cakes
Many thanks from us -- we thought it was great."

-- H. R.

WARD 32

Since Katherine Morton, our Associate Editor and former news gatherer for this ward, has been transferred to Hassler, we are quite at a loss, but hope to struggle along gathering items as best we can. Many others have left us, too. Dorothea Kuhn, staff artist, and Petra Celedon are now at Hassler. Nora Sandino and Louise Hartley are home. Several others also are about to take progressive steps toward the end of their cure. Nevertheless, in spite of changes and the loss of some of our members, things still do happen and "Round the Wards" must go on.

○

Thoughts on a Wednesday morning are expressed in this poem by Mariana Fred.

"Wednesday morning and Pneumo Lane.
Every pneumo just another pain.
They stick me here, they stick me there,
Trying to find where to put the air.
The housedoctor who is so nice
Is always there to supervise.
The other doctor is our interne
Who is more than willing to learn.
Miss Nelson is the Pneumo nurse
Who we wouldn't trade for a golden purse.
To keep discipline, she tries to be so stern
But wink at her after awhile
And she beams all over with a great big smile.
The girls, oh how they dress,
But what they wear is nothing but the best.
The pretty p.j.'s of pastel hue
The greens and beautiful shades of blue.
Oh, what if we do get a stick and a pain,
They are only trying to help us our health regain.
So hurray for Wednesday, hurray again!
Hurray, hurray, for Pneumo Lane."

For many weeks now whenever Thelma Tatley has stepped on the scales her weight has registered higher and higher until at last there came a time when all good things must stop. For Thelma there will be no more luscious sweets or substantial starches because she has already reached the limits of good proportion and is now on a diet. Doctor's orders. If anyone wants to know how to gain weight, ask Thelma, or for that matter ask Barbara Freeman who isn't far behind. Almost any day now the two girls may be seen with tape measure in hand and an eye to the scales, making comparisons of the past and present and looking worried over what the future might bring.

-- H. W.

---AT HASSLER

WARD 1

Although blitzkrieg is a comparatively new word coming out of a hectic outside world, it finds a use in our quiet life here at the Farm. With the advent of warm weather, several of the boys from Ward 1 have acquired a blitzkrieg hair-do. It's done with clippers held a scant half-inch away from the scalp -- and then it's "dunner und blitzen" all around. "Cop" Coats, alias Preston Shreve Coats, Jr., alias Presby, alias Prescott, alias Percy, alias Baby Dumpling, was first with seven amateur barbers working on his tresses in relays, even including "Ma" Dodson. Others with shorn pates are Jim "Shanty" Malone, Jerry Silvia, Dick Silvey, "Pogey" Eldredge Jimmy Balliet and Eddie Shimano.

O

Truth is stranger than fiction. One fellow (we are withholding his name since he has had his share of publicity recently in the pages of The CLARION) bumped into a door, scratching his nose considerably. Now, when he meets anyone on his walks around the Farm, conversation goes like this:

"What happened to your nose? Bump into a door?"

"Yeah. That's just what happened. It was like this. I ---"

"Oh, yeah?"

We still think it was a trick on Kelly's part to get his name in The CLARION.

O

The mass production of aeroplanes seems to be very catching for we can see several planes under construction. Among those ready to roll off the assembly line are a Stinson 105, Ryan STM, Arrow Sport, Vought SBUI, Caudron, Hawker Hurricane, Bell Pursuit, Messershmitt, Taylor Cub, Monocoupe and Kinner Sport.

O

A bird's eye view of Ward 1 shows: "Tex" Findley on the top of the world since the doctor stopped his pneumo-peritoneum but he's having to draw his belt in to the last notch.....Ceferino "Ex-Chump" Ruiz swearing off breaking rules about no smoking in the building.....Kam Wong and Frank Romolo breaking the sugar jar the first time they took over the job of feeding the humming-birds from the "Cop."

-- I. K.

WARD 2

A fore-runner of summer weather brings evidence that the girls have no monopoly on, shall we say, colorful negligee. At least, that technicolor display of pajamas hung out by Armando Tomei on washday equals, if not completely out-dazzles anything ever seen on the fairer sex's clothesline.

O

Nathan Siegel apparently took some stock in the idea that a change of climate is beneficial and decided to go south. So, bag and baggage, he has left us to take up residence in Ward 1.

O

Whether Ed Nesbitt's course in statistics is improving Ed's mathematics is a

moot question. But it certainly has revived an interest in methods of determining square root among his neighbors. Douglas Lee, James Ariza, and Frank Mullins are all kept busy supplying answers to Ed's problems.

○

Comings and goings this past month have been unusually brisk. Among those we have said good-bye to are Terrence Sheals, Jose Garabito, Wu Wai and John Storer. We have welcomed to our midst the following; Frank Mullins, Patrick Silva, Edmund Keogh, Daniel Toddi, George Ogi, and Albert Wong.

○

Harry Reese, our popular and well liked porter, would like to see his name in The CLARION, so here it is.

-- S. M.

W A R D 5

Ward 5 is the home of the Philatelists of Hassler. Margaret Dittenbir, who has just graduated, was one of the best and most patient ones. Philately is very popular here and its advancement is under the sponsorship of Mrs. Jean Leenders of the California Collectors Club. Myrtle Fox and Yvonne Popin are now the leading advocates of the science in our ward. Margaret will be missed for her happy disposition.

○

We have enjoyed the Autobridge game that Father Clark sent us very much. We weren't satisfied until we had proved that we could beat the experts.

○

Doris Loscutoff is one of our latest recruits to the ambulatorial brigade. Our number has been increasing rapidly lately. We soon won't have any room left on our private fence. To those who may not be familiar with Hassler, the fence is at the end of our round of the court. We walk and then sit on the fence to rest -- although to some it's just to roost.

○

Rose Kraus has added to, and justified, our claims to designing distinction by her recently finished, handmade housecoat. Rose won't be able to rest long on her laurels -- I can see a visionary gleam in several pairs of eyes.

○

Time marches on -- suntans and hayfever are here to stay. Roses in a profusion of color and perfume drench the pergolas. The mosquito and cantaloupe are with us -- so we advance into the season.

-- N. J.

W A R D 6

This would seem to be the time for vacations. Those who have left us for a change of scenery are Margaret Loo, Lucille Villamil, Hazel Woods, Evelyn Fong, Helen Vangel and Rosie Maldonado. We have received many enthusiastic letters and are glad that all goes well. Most of the letters emphasized the fair and chowmein.

○

Will Lucille Taylor get her sweaters done? Will some other unforeseen accident delay the process? Will she survive without Margaret Loo's advice? Read next month's issue and find out.

○

Another milestone has been passed by Dolores Benson, and she'll have you know that she is in her teens now. A small surprise and a lusty "Happy Birthday" from her room- and table-mates brought real salty tears -- we hope of joy!

○

The weather is becoming more Chamber of Commerce lately, and we hear vague rumors flying in all directions that tend to land us out on the porches soon. That is an annual event much looked forward to. We are hoping!

-- M. M.

BOOK NOOK

NEWCOMERS TO HASSLER

Fifty gay diminutive book citizens have come to live permanently among the many rows of somber colored books in our library at Hassler. There was some undue excitement among some of the gravely attired books. A sober wine colo covered Cyrano De Bergerac nudged a similarly covered Scarlet Letter and exclaimed with the super-arrogance usually prevalent in a Classic's disposition, "Good Heavens, look what comes to live in our tranquil midst! I suppose it is some of the 20th century streamlined glamour that we have been hearing about. I never thought that it would actually come to live with us. Oh well, as tolerance and enlightenment are friendly compatriots, we shall have to abide their presence."

Before the day was completely over, these two resentful books had to admit that the glamourous newcomers were their equals in every respect and they were frankly envious of the colorful jackets on their backs. Cyrano De Bergerac sadly admitted, "It seems incredible that there is profundity and human interest behind those gay little covers. I salute 20th century streamlined glamour."

These pocket edition books are literary hors d'oeuvres for a listless reading appetite. One is immediately attracted by the gay pictures on the covers and eager to read the text behind them. The print is very easy to read.

Some of the new books are The Man Nobody Knows by Bruce Barton, Wake Up and Live by Dorothea Brande, Pinocchio by C. Collodi, The House of Seven Gables by Nathaniel Hawthorne, The Light That Failed by Rudyard Kipling, Dr. Ehrlich's Magic Bullet by Paul De Kruif, Thunder on the Left by Christopher Morley, Enough Rope by Dorothy Parker, Bambi by Felix Salten, and Gulliver's Travels by Jonathan Swift.

-- Rose Vivian Kraus

I would know you better

I would know you better,
But I will not seek you out.
I'll try to learn your character
When you are not about.
You have a charming manner,
No doubt I like you as you are,
But I've always found the hidden traits
To beat the surface ones by far.
I'll try to find your special haunt
Where you relax when you're alone.
Where you can let your hair down
And to no man need atone.
I'll read your favorite pages,
And I know before I look,
I'll find your hidden being
In a much-loved, dog-eared book.

-- Norma Johnson

DR. ERLICH'S MAGIC BULLET, Paul De Kruif

This is a thoroughly enjoyable story which concerns itself with the lives of twelve of the great pioneer researchers of medicine. Under the original title of Microbe Hunters it created a stir of comment for it was written in the popular vernacular and read like an adventure story. It lacks the customary triteness of language which identifies most works of medical men to the casual reader.

Two hundred and fifty years ago a Dutch janitor, Leeuwenhoek, became the first of the Microbe Hunters when he started his experiments with nothing more to his credit than an insatiable curiosity and a passion for grinding lenses. His discovery of tiny, heretofore unsuspected, living animals was received with skepticism and suspicion, and while his experiments attracted some attention, it took the brilliant work of Pasteur many years later to arouse the world to the great part that microbes play in our everyday life.

Discoveries followed at a rapid pace and new things were discovered every day. A cure for diphtheria was sought by Roux and Behring. Roux, a native Frenchman, and Behring, a loyal German, were frantically racing to see which of their respective countries could be the first to claim the discovery of a serum to combat this dread disease. Then followed the fascinating story of Theobald Smith and his discovery that the tiny wood tick was the cause of Texas fever which claimed the lives of thousands of cattle every year in our western states. While Smith was working in Texas, a British medical officer, David Bruce, was working in far-off Africa to discover the cause of the dread sleeping sickness and Ross and Grassi were striving to conquer malaria fever. Last but not least comes the story of Dr. Paul Erlich, his experiments with dyes and his finding of the magic bullet.

These are only a few of the men whose biographies are in Dr. Erlich's Magic Bullet. An adventure story in the true sense of the word the book depicts the hardships, the work, the fight against public opinion and the infinite patience that preceded the things that we take for granted today. This book should appeal to anyone who has ever wondered about scientific things and the men who made medicine what it is today. Paul De Kruif writes in an easy manner so that the story should be enjoyed by anyone who reads this stirring book.

-- Reviewed by Nancy Ruck

THE LODGER, Mrs. Belloc Lowndes

Most mystery stories give us a kaleidoscopic view of many and varied events and characters which by the rapid shifting of scenes tends to lend to our bewilderment and inability to solve the puzzle. The Lodger is entirely different in this respect. It does not hide any facts or insinuate any uncertainty. The story develops simply and logically. You are gradually drawn into the book until you begin to judge the situation from the viewpoint of the characters rather than from your own more rational logic. The book might perhaps be called a study in abnormal behaviorism, and there is no doubting its hypnotic influence for the reader most definitely becomes a party to the situation. One might feel that the conclusion of the story does not fulfil its promise, but I feel that the fault is not in the plot but rather with the reader who is suddenly jolted out of lethargy by its unexpected ending, and only then realizes how fully taken in and absorbed he had become.

The story seems almost normal if it is fully understood that the characters are not. It is definitely a horror story rather than a mystery, and by gradual tastes of stark realism it slowly immunizes the reader to any revulsion until he finds himself avid for fresh violence. The Lodger is altogether entertaining and surprising. It is an excellent example of perfect plot development and controlled action, and should be interesting and absorbing to the most exacting.

--Reviewed by Norma Johnson

no hard feelings

My heavy calked boots caught on the rough plank floor but I saw the punch coming and I turned my head and smelled the sweaty leather glove as it missed me and pulled past, momentarily blotting out the brightness of the spring day. I swung my body upright again and gave him two good lefts over the heart. He danced back and I laughed and maneuvered around so that I had the south windows at my back, the sun in his eyes. I stood there with both hands down at my side and feet planted solidly on the floor and let him swing wildly around me while I ducked and rolled with the punches.

'Oh, damn,' said Chick from where he was lying indolently on packing cases. 'Let him have it.'

'Light me a cigarette,' I answered, turning to him with a grin. A wild roundhouse caught me on the side of my head and I staggered back but met Fernando coming in with his right hand cocked. I circled away from it and straightened his chin with my left. My boots were getting heavy and sweat ran down my legs inside my stagged Levis and my wool sox itched. He tried to meet me and I stepped back with my weight balanced on the ball of my right foot. Fernando was overeager and rushed in with his right hand swinging from way around him and his chin out. He was wide open and I let him have it. It was a bad punch, poorly timed, but he went down.

I pulled off my gloves and took the fag that Chick had lit for me. I was breathing heavily and felt physically satiated. It was a good feeling. Fernando got up and sat down by me.

'You too damn good,' he said.

'Nuts. You've got a fairly good punch but you'll have to learn how to use it. You hit me one nice one but a roundhouse doesn't do much damage. Remember, you're not swinging a machete --'

'Bolo,' said Chick. 'A Filipino machete with a Yale education.'

'Okay, funny mans. Bolo, then --'

'But,' protested Fernando. 'Never fight one time with bolo. I chop trees, cut plants, kill snake -- but no fight --'

'Yeah, all right, all right. Just remember, though, a straight line is the shortest distance between two points.'

'By the way,' said Chick, 'how do you fight with the knives you use in this country? All you Filipinos carry them here, don't you? Let's see yours.'

Fernando's hand darted swiftly into his pants pocket and came out with a five-inch clasp knife. He beamed proudly as he held it out toward us.

'Watch.' He slid the catch off with his thumb nail and the deadly four-inch blade flicked out like a toad's tongue reaching for a fly.

'Gawd,' muttered Chick.

'Watch.' Fernando jumped to his feet and begged us.

'Watch.'

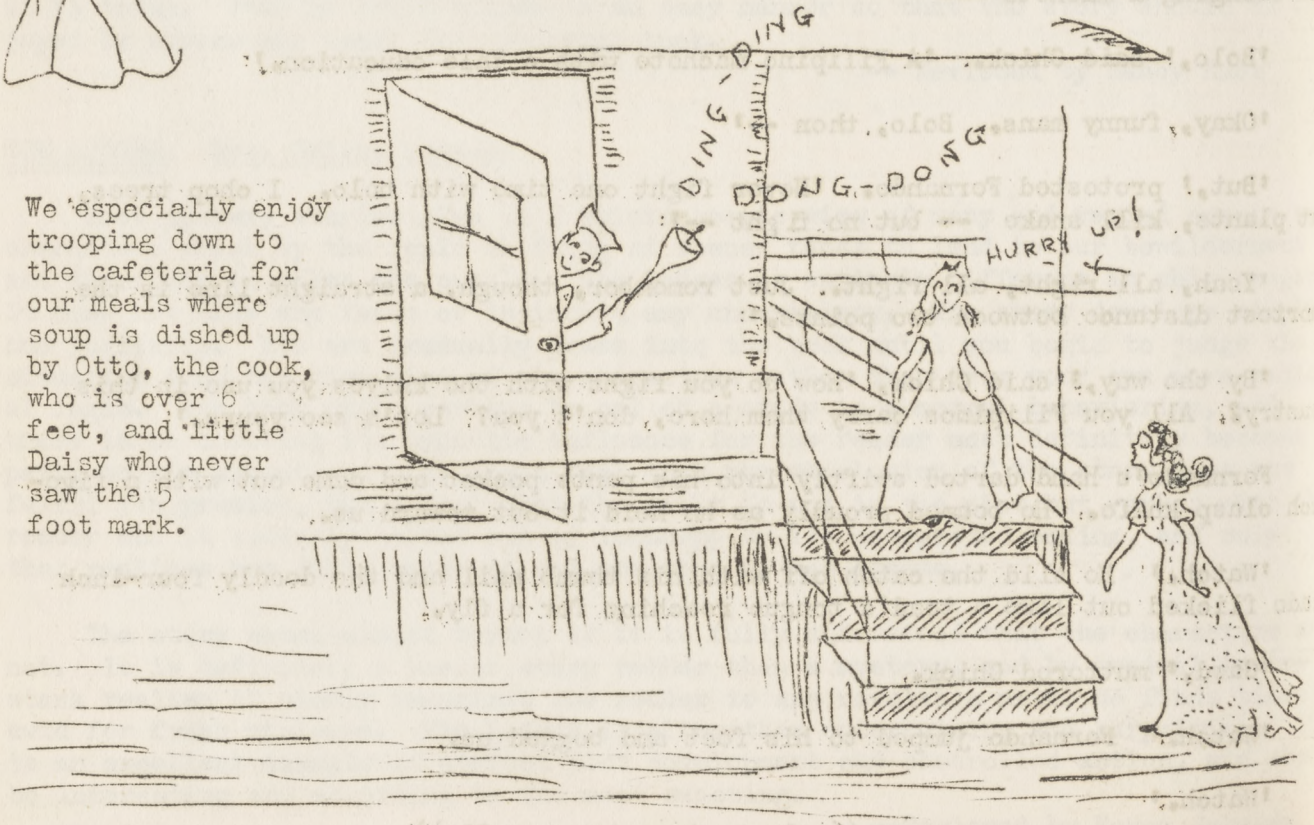
((please turn to page 28))

HASSLER HIGHLIGHTS

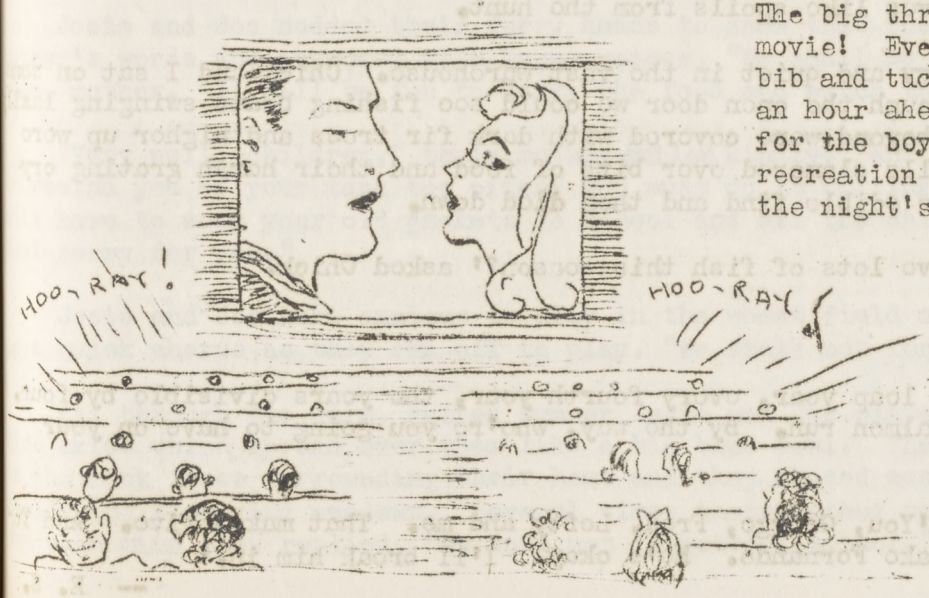
Life at Hassler is a peaceful and tranquil one — the days are warm and sunny, the nights cool, and hummingbirds, linnets, and honeysuckle are in abundance. In case you think we're carrying our rhapsodizing a little too far, perhaps we should admit at this point that the ants are also plentiful! You ask a certain interne about finding a choice few in his bed and he'll tell you plenty!

However, that's only one marring note so we've become philosophical and decided to be amused rather than annoyed.

We especially enjoy trooping down to the cafeteria for our meals where soup is dished up by Otto, the cook, who is over 6 feet, and little Daisy who never saw the 5 foot mark.



Those on "exercise" wander over the grounds in gay summer attire. Many of us have our favorite spots. We particularly like sitting on one old white fence under a shady tree and philosophizing about life and stuff. Or congregating down in the recreation room which boasts of typewriters and tables for those who go to "school" and a gramaphone and piano. Speaking of pianos, we're thinking of advertising for a pianist who knows at least more than one composition and can play with 2 hands!



The big thrill of the month is the movie! Everyone puts on her best bib and tucker, is ready at least an hour ahead of time, then hies for the boys' large recreation room where the night's performance is given. We cheer for the hero -- boo the villian, then march back to bed -- and fall in!

NO HARD FEELINGS ((continued from page 25))

He crouched, lips drawn back over his gums, arms pivoting from his shoulders, his elbows stiff at his side, a few inches away from his body. Knees and toes pointing out, he picked each foot up high and set it down carefully as if avoiding creeping vines and entangling jungle growths. He glared at his imaginary enemy, and the knife held clenched in his right fist, cutting edge up, glittered like a malevolent third eye.

He circled his foe, eyes fixed, muscles tense and his right arm stiff as a lance tipped with steel. Suddenly he sprang up, screamed, twisting his body at right angle to the enemy, his right hand flashing up in a terrible vicious arc. The cry echoed in the empty warehouse.

Fernando turned to us grinning.

'That's the way we do.'

'Yeah,' I finally said, licking my dry lips.

I avoided looking at him. There was a strange hush and quiet and yet through that silence the savage war cry echoed in my eyes and I could see little brown men, naked but for loincloths, swinging bolos and stalking their foe.

Fernando shuffled his feet self-consciously, aware that he had made some mistake.

'We have another boxing lesson manana, si? You go to Chignik this afternoon?'

'Yeah,' said Chick. 'You better practice with some of your bunch while we're away.'

'Bueno. See you tomorrow. Adios.'

'So long, Fernando,' I said. 'Nice workout.'

'Gracias. Hasta manana.'

He walked off with the peculiar jungle gait of the Filipinos, dangling the liver colored boxing gloves like spoils from the hunt.

It was hot and sultry and quiet in the vast warehouse. Chick and I sat on some cases of cantops and through the open door we could see fishing boats swinging lazily in the tide. The hills beyond were covered with dark fir trees and higher up were patches of snow. Sea gulls clamored over bits of food and their harsh grating cry rose piercingly over some edible find and then died down.

'Wonder if we'll have lots of fish this season?' asked Chick.

'Sure. Plenty.'

'Presidential year, leap year, every fourth year, the years divisible by four. The years of the great salmon run. By the way, who're you going to have on your wash-can crew?'

'Oh,' I answered. 'You, George, Fred, Lefty and me. That makes five. And for number six, guess I'll take Fernando. He's okay. I'll break him in.'

-- E. S.

JOSIE AND JOE OF WOODLAND

A TALE FROM A WOODLAND PEN

Josie and Joe were the two children of Mr. And Mrs. Grey Squirrel. They were born in Corn Season by the calendar of Squirrel Land which is Summer by our calendar. The squirrel calendar is divided into four seasons which are really the same as our seasons except they are called by different names. Buttercup-time is Spring, Corn-time is Summer, Nut-time is Autumn and Snow-time is Winter.

It was Buttercup-time on the earth again and Josie and Joe were almost a year old. They were beautiful, full grown grey squirrels with long, fluffy tails and shining black eyes that looked like ripe juicy blackberries.

Mrs. Grey Squirrel, their mother, stood watching them run through a field of half grown wheat. She loved to watch her children at play. They were so swift on their tiny feet. One minute they were here, and the next minute they were in some other place. She thought to herself, it was time for her two children to have a few responsibilities placed upon their small shoulders. Children grow quickly into young men and women and must learn to do other things besides play. She softly called Josie and Joe from their play and they came running to her as if the wind had blown them off their tiny feet.

"Come, children," she said, "I wish to talk to you."

"Yes, mother," the two squirrel children answered in their shrill voices.

"Children, you are babies no longer," Mrs. Grey Squirrel began to speak in a serious voice. "You have become strong, fine looking squirrel children and young children must be taught to perform tasks. You must learn the importance of doing small tasks well so that you will become good citizens of Woodland. Your father and I have selected a task for you. It is your first task and it is not very difficult. You must fill the small storeroom in the west wing of our house. You may fill it with anything that you wish -- nuts, corn, wheat, dried fruit or roots -- but it must be filled before the frost comes and the rains fall for after that it will be too late since Nature who provides for all creatures in Woodland will be too tired to give food again until next Buttercup season."

Josie and Joe nodded their furry heads to show that they had understood their mother's words and answered with happy voices, "We shall be glad to fill the storeroom, mother. It will be fun to carry the food and watch the storeroom become full."

"Very well, children," their mother smiled kindly, "and please do not let me have to remind you of your task too often; you must do it willingly. If you forget, you will have to wear your old jackets to school and all the children in Woodland will feel sorry for you."

Josie and Joe were anxious to play in the wheat field again and they answered in a quick chorus as they ran off to play, "We shall not forget our task, mother."

All through the warm, golden summer Josie and Joe played and frolicked under the blue skies which spread over them like a big blue bowl. They played Hide-and-Go-Seek in the rock fence surrounding their home and they chased each other merrily in the fields and flowering meadows. Several times their mother reminded them of their task and each time they replied, "We have not forgotten, mother."

Joe would turn to Josie and say, "There is plenty of time for work. Let us play now while the sun is warm and bright."

In the middle of summer the farmer drove a mower hitched to a team of horses to cut the ripe wheat. The next day it was raked and stacked in large yellow sheaves. Josie and Joe could not play in the tall wheat any longer; they ran over the sharp wheat stubbles and up the yellow sheaves of wheat. It was just as much fun and they were as happy as ever. The sheaves were so high and so slippery they could never reach the top and they laughed at each other as they slid down the slippery stalks.

A few days later a group of men drove a large number of horses hitched to great wagons which carried machinery. In one day the sheaves of wheat were fed to the noisy, clanking machinery and the wheat threshed and sacked and trucked away and the wheat field was very bare.

One morning when Josie and Joe came out to play they shivered and their feet were cold. They buttoned their jackets to keep warm and wondered why the sun did not send forth warmer rays to warm the earth. A Red Breast Robin called to them as he flew over their heads, "Goodby, dear children, I am leaving for the Southland today. I shall see you again in Buttercup-time."

Josie and Joe looked at each other in amazement and for the first time they realized that Corn-time had come and gone, that Nut-time was almost over and soon the pale Snow Lady would be throwing snow upon the earth from her slender white hands. Joe said, "Come, Josie, we must fill the storeroom. I fear we have been thoughtless children. Snow-time is near and we have not done our task."

Like two autumn leaves blown by a strong wind, the squirrel children ran to the wheat field to pick up the small wheat grains which the threshers had left on the ground but the grains had been carried away by other squirrels or eaten by birds. They quickly ran to the oak trees where they played almost every day but, alas, every acorn had been stored away by other busy squirrels. The acorns had been gone for weeks but the two squirrel children had been too busy playing to notice it. They remembered the prune orchard and ran to it to see if there were any dried prunes lying under the trees but the dried prunes which lay under the trees were too dry and sunburnt to be used for food. Josie and Joe were very sad.

Josie spoke with tears in her black shining eyes, "I shall have to wear my faded lemon-yellow jacket to school and all the children in Woodland will be sorry for me."

Little Joe looked down at his faded red jacket and said thoughtfully, "I had hoped that mother would make me a blue coat with brass buttons like Willy the Muskrat's mother made for him last year. It was such a beautiful coat."

The two squirrels began to weep and they wept until the earth where they stood was wet with their tears. Suddenly Joe stopped weeping and with a half smile on his little wet furry face said, "Josie, I just remembered that there is corn still standing in the Farmer's corn patch. It is tied in tall shocks. I saw it yesterday as we were climbing up the oak tree. We can fill the storeroom with corn. Mother and Father would be very pleased with corn. It is their favorite grain."

They clapped their hands with joy and started off for the corn patch immediately. They slipped through the tight fence surrounding the corn patch forgetting about Tommy, the fierce little Fox Terrier dog with a short tail. Josie and Joe had often made fun of Tommy's short, bristly tail but now they were hoping and praying that he would not bark and arouse his master to come to see why he was barking. Tommy was lying in the sun on the back doorsteps and as soon as Josie and Joe came near the house he caught their scent and started barking furiously. The farmer came out of

the big barn and asked Tommy why he was barking, and together they went toward the corn patch. Josie and Joe saw them approaching, became frightened and dropped all the corn and ran home.

The next day Josie and Joe slipped through the tight fence again and went to the corn patch. Tommy did not bark; he was with his master in some far-off corner of the large farm. Josie and Joe were busy gathering the grains of corn when they heard a deep humming noise overhead. Every second the deep humming noise became louder and soon it was like a loud roar let out of the mouth of an angry animal. The squirrel children dropped the corn and ran toward the fence. The huge bird was out of sight before they reached it and they stopped and placed their hands on their fast beating hearts as if they were afraid they were not still hanging in their chests.

Joe turned to Josie and frowned at her, "You silly girl! Why did you run? Father has told you many times not to become frightened when one of those large birds with a loud hum flies in the sky. They cannot hurt us. They are birds made by men so that they can fly in the sky like birds."

Josie was very hurt because Joe had scolded her, "Well, why did you run, too, if you are not afraid of the big birds made by men?"

"I ran because you ran," Joe answered sharply.

"That is no excuse for a boy who is supposed to be brave," said Josie, and the two went home discouraged.

They returned to the corn patch the next day. Tommy was not lying on the back doorsteps; the farmer had taken him to town on his truck. Josie and Joe went back and forth all day with small burdens of corn in their mouths. They were so busy they scarcely spoke to each other. Soon, there was a small path worn in the earth from the corn patch to the storeroom from their many trips, and by dusk the storeroom was filled to the top and the two squirrel children went home tired and happy.

Josie and Joe were silent that night as they ate their dinner with their parents. The mother and father squirrel looked at each other knowingly and smiled. They knew the reason why their two children were so silent and tired. The father squirrel questioned them kindly, "Have you children been playing too hard today? You are unusually silent tonight. You have so many things to tell your mother and me usually."

Josie answered for them both since Joe was too tired to find his voice, "Yes, father, we have been playing hard today, much too hard I guess."

After dinner Mrs. Grey Squirrel said, "Come, children, you must go to bed."

Josie and Joe each took one of her outstretched hands and followed her to their bedroom. She tucked them in bed lovingly and kissed them goodnight and said softly, "Tomorrow I shall show you your new jackets. You have been good children. I almost thought you would forget your task."

The squirrel children smiled happily and said, "Mother, we shall always try to be good children. It is much easier to be good than to be bad."

And in one minute they were sound asleep and in Squirrel Dreamland.

-- Rose Vivian Kraus

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

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The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

VOLUME I | AUGUST 1940 | NUMBER 7

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Quote and Unquote

June 18, 1940

Dear Editor:

I find the question and answer page, "Medical Information, Please," to be of great interest and highly informative. Could it be enlarged to answer more questions and cover more subjects? The normal patient has many unanswered questions, and I feel that one of the greatest factors in the cure of tuberculosis is a complete understanding of the disease. All of our patients do not enjoy the privilege of KSFH and therefore cannot have their questions answered so easily. I suggest that you encourage the submission of more written questions to The CLARION.

Maxine Dameron
Hassler Health Home

July 10, 1940

Dear Editor:

In last month's CLARION we found an excellent article on the Detroit Plan by Dr. Schaper. He said: It is up to us to educate and agitate until we have succeeded in putting in operation a "Detroit Plan" for San Francisco. The complete eradication of the scourge we know as the white plague has been the dream of countless doctors and scientists and the hope of many of our fellow beings.

Pasteur, Trudeau, Koch, Carson, De Cerinville, Forlanini and many others -- men of vision and courage -- have done much to lessen the death rate of tuberculosis. Countless others today are working in laboratories in various parts of the world to attain a still further lessening of life toll. Paul De Kruif is one of these men, and it is to him we are indebted for the idea called the Detroit Plan.

He in turn needs other men of faith and courage to help place such a plan in operation in their own communities. Dr. Schaper is such a man, and he and all these men who are working on our behalf need our full and earnest cooperation. Let us not let them down but do our part no matter how small that part may be to encourage and cheer them on in this humanitarian work, not only for our own sake but for those who shall come after us.

Barney Sands
San Francisco Hospital

July 16, 1940

Dear CLARION:

Those of us who enjoyed the Friday broadcasts from KSFH were overjoyed to hear the familiar strains of "Annie Laurie" opening the initial broadcast of our own new KHHH.

(The installation of the p.a. system designed especially for Hassler was completed prior to Dr. Van Deventer's leave. For details see p. 18. --Ed.)

Appropriately, the first broadcast was devoted to our less serious mood and we celebrated by enjoying a full hour and a half of lovely music, all brand new records especially selected by Dr. Schaper. Of course, it might be better not to mention Dr. Lones' solo, accompanied by whose harmonica, but do ask him to sing "All Thru the Night." We guarantee you'll be surprised.

We are looking forward to a weekly program and a continuance of the medical talks to further our education and understanding of our particular problem, tuberculosis. It's definitely a benefit to all of us to be fortunate enough to hear the talks given by our doctors.

Just as a preview of what's to come, we were pleased to hear Dr. Becker's very interesting greeting on our second short broadcast, and meeting him later only added to our pleasure.

You can bet we will be anxiously waiting to hear the strains of "Singing Hills." That's our theme song, which was quite appropriately selected as you will realize when you see our view. We do thank Miss Herkenham for her excellent thought.

With The CLARION and now our new broadcasting system, we feel that our stay here is being made a pleasant and interesting one as well as beneficial to our future life.

Sincerely,
Lucille Taylor
Hassler Health Home

We welcome communications from all our readers -- not only from patients. Please address communications intended for this department to "Quote and Unquote."

The CLARION

FLUOROGRAPHY

By E. A. SCHAPER, M.D.

s long as one open case of tuberculosis remains in a community other positive cases will develop. It has been estimated that each positive sputum case not isolated will produce three other cases. Ever since Koch discovered the tubercle bacillus it has been known that tuberculosis is a communicable disease.

If this is true then it stands to reason that the only way to eradicate tuberculosis is to find every active case in a community and isolate it until activity has ceased. To do this properly, an efficient case finding procedure must be developed. In the past, known contacts have been quite generally examined and a few sporadic tuberculin skin testing campaigns have been carried out in our schools which have resulted in finding very few cases of tuberculosis; in fact, these skin testing crusades have only a health educational value. In children between the ages of five to fourteen years, one must examine 2,500 cases in order to find one case of active tuberculosis. In the age groups over twenty-five years, one case of tuberculosis can be found among each group of 200 examined.

Tuberculin testing properly done takes too much time and money for each negative reactor should be tested at least twice and all positive reactors should be X-rayed.

The actual cost of making a single 14 x 17 inch X-ray film is $2. Therefore it can readily be seen that the cost of carrying out any very extensive case finding survey would be prohibitive in the average community such as San Francisco's Chinatown for instance where approximately 20,000 people should be examined.

At first glance, fluoroscopy seemed to present itself as a simple, quick and inexpensive way of examining patients. Therefore it has been tried on large groups in different parts of the world and even in our own Chinatown recently. However, we have found that by the usual fluoroscopic procedure, from 10% to 20% of the minimal cases are missed. Since our principal object is to find the minimal cases, it became obvious that some more efficient method would have to be devised. Experiments were made in photographing the fluoroscopic image on 35 millimetre and other sizes of film. A special high-powered fluoroscope was used along with an especially designed photographic lens f. 1.5. The cost of this outfit installed is about $9,500. It was found that the 35 mm. film was so small that much detail was lost in enlargement, and finally, a film 4 x 5 inches in size was chosen for it gives excellent detail and is large enough to be used for all practical purposes without enlargement.

This method has reduced the cost of an X-ray of the chest from $2 to 20¢ each and now makes possible large scale tuberculosis surveys at a cost within the reach of any average community.

This new G-E Photo-Roentgenographic unit was first tried out in Detroit. The first one was installed in the Herman Kiefer Hospital in that city where extensive tests were made to determine just how accurate and economical this method is. They found that 97.4% of the lesions observed in a regular 14 x 17 inch film were caught by the small 4 x 5 film at a film cost of 5¢ or 6¢ a film and a total cost of 20¢ per exposure including cost of the equipment, building and salaries of the attendants as

compared with $2 per exposure for the conventional 14 x 17 film. The Photo-Roentgenographic procedure consists of photographing the fluorescent image of the chest directly on a 4 x 5 film which is large enough for direct diagnosis.

Detroit has just completed installation of their second G-E Photo-Roentgenographic unit in a vacant store located in an area of the city that has an unusually high tuberculosis death rate. Dr. Henry F. Vaughn, City Health Commissioner, says that Detroit is now prepared to X-ray 75,000 persons during the first year of its plan, and more than 100,000 per annum in subsequent years at an immense saving to the city. He says:

"I would estimate that the city may save between $500,000 and $700,000 a year in the hospitalization of tuberculosis patients after this method has been in operation two years. It costs the city about $2,000 to treat a case of tuberculosis which we discover in the late stages but the cost is only $1,000 or less for cases which are detected in the early stages.

"We discover many cases in the early stages even with the present method of making X-rays; but by X-raying large sections of the public with the new equipment, we will be able to discover a much larger percentage of cases in their early stages."

In San Francisco one-half of the reported cases of tuberculosis come from the neighborhood of Chinatown where the death rate is over 200 per 100,000 as compared with under 50 per 100,000 for other areas. The logical thing for us to do would be to install one of these new fluorographic units in a vacant building in the center of Chinatown. Then every family within that area should be contacted by a public health nurse and each member of each family should be taken to the X-ray unit to get a film of his chest. These should be read and each case in which a definite tuberculosis lesion is observed should be placed under observation or sent to the tuberculosis hospital for treatment as indicated.

If the patients will not come willingly, then legislation should be passed to make examination compulsory, for if we are to eradicate such a serious menace to the welfare and happiness of our nation as tuberculosis, no half-way remedies should be applied. If a plague or leprosy, which have never taken more than a few hundred lives in all the history of San Francisco, were discovered here the populace would become greatly excited and all infected persons would be isolated and treated at once, and it might be that even a state of emergency would be declared, but here we sit complacently and look on while 400 of our San Francisco citizens die before our eyes each year, to say nothing of the twice the 36,000 who are killed in auto accidents yearly who die of tuberculosis in the United States.

After the survey of Chinatown is completed, we could move on to the next highest tuberculosis mortality area and repeat the process until gradually the whole city has been fine-combed for tuberculosis. As a result of these surveys, we could reverse our present figures of finding only 10% of our cases in the minimal stage and 90% in the advanced stages and at the same time reduce the tax rate by cutting the cost of the care of the patients in our institutions, the San Francisco Hospital and the Hassler Health Home, from $600,000 per year to $300,000.

This new idea may be a little hard to put over here but let us think it, talk it and agitate it day and night to all with whom we come in contact until every citizen, no matter how indifferent he may be now, can see it as we do. It is, however, up to us, the patients and workers in the Tuberculosis Division, to lead out in the educational campaign necessary to put this idea over. Therefore, let us set a goal of a death rate from tuberculosis in this city from its present 400 annually to less than 10 per 100,000 by 1950.

FAKE CURES

By WILLIAM C. VOORSANGER, M.D.
President, Health Advisory Board
City and County of San Francisco

Tuberculosis comes under the general heading of a chronic constitutional disease. No specific cure has ever been found for it. It cannot be cured like malaria, typhoid, diphtheria, pneumonia, or even syphilis. It is not a self-limited disease but rather a progressive disease. Until the beginning of the present century when modern methods of treatment, such as scientific rest and pneumothorax came into vogue, tuberculosis was considered incurable and hopeless. Tuberculin, the result of Koch's discovery of the tubercle bacillus in 1882, had its trial for over twenty years, and proved ineffectual as a cure. In fact, it became a two-edged weapon, doing a great deal of harm in the hands of inexperienced practitioners who did not know that tuberculin acts by stimulating the tubercle in the lung, causing it to caseate -- then sometimes heal, but other times to break down into cavities. It often activated a healed lesion, creating active tuberculosis out of a quiescent focus.

During the era of tuberculin popularity, over one hundred of its derivatives under various trade names were put upon the market and recommended as cures. No tuberculin product was ever guaranteed, thus saving many other products from being considered "fake cures." Many of them were sponsored by eminent scientists such as Koch, Sahli, Von Ruck, and others.

One of the famous cures of that day was the Spahlinger Serum created by a Swiss chemist and for a time sponsored with a grant from the British Government. This proved worthless.

Sanocrysin, commonly known as a gold cure, after several years of trial also proved worthless, although its creators were men of science and it was used by many hospitals and tuberculosis specialists in the hope that it really might effect a cure. What patients must always remember is that doctors who treat tuberculosis properly are fully aware of all new developments and never hesitate to give any treatment a fair and long trial before condemning it.

Chaulmoogra Oil, which proved so efficacious in the treatment of leprosy, was given a fair trial in 1920 or 1921 in the treatment of tuberculosis, on the theory that the bacilli of the two diseases being similar, what helped one might help the other. I personally brought Chaulmoogra Oil from

William C. Voorsanger, M.D.

B.S., University of California, 1897
M.D., Cooper Medical College, now Medical Department of Stanford University, 1899
Interneship, Mt. Sinai Hospital, New York, 1899 - 1900
Post-graduate work, Berlin and Vienna, 1901 and 1902
Practiced general medicine until 1915
Specialized in diseases of the chest, 1915 to date
Chief, internal medical service, Mt. Zion Hospital, 1905 - 1918
Chief of chest service, 1918 to date
Medical Director, Oaks Sanatorium, Los Gatos, 1914 to date
President, California State Tuberculosis Association, 1931
President, Public Health League of California, 1932
President, San Francisco County Medical Society, 1938
Secretary and Member of the Executive Committee, San Francisco Tuberculosis Association, 1908 to date
Director, National Tuberculosis Association, 1930 to date
Author of numerous publications on tuberculosis

Honolulu in 1920 and was one of three physicians authorized to use it clinically on patients. After six months careful trial in many patients, we decided that it was valueless as a cure. Still two years later a prominent drug firm in this country tried to commercialize its use in the treatment of tuberculosis.

Remedies such as various commercial concoctions of tuberculin, Chaulmoogra Oil or Sanocrysin, cannot be considered as "fake cures" unless recommended to do something they cannot do, either by a drug firm or by a doctor. It is just as culpable for a fully licensed doctor to guarantee a cure of tuberculosis by the use of an ethical preparation as for a quack to guarantee the same by a fake preparation. So-called ethical remedies have their places in the treatment of tuberculosis alongside all known, tried and proved remedial agents, but physician and patient must realize their limitations.

The difference between ethical and fake remedies might be explained to clarify our understanding of the subject. I think we may assume that any remedy given in good faith by a reputable physician can be considered ethical although it may be inefficacious. Any remedy whose composition is secret, which is guaranteed to cure, and which is advertised and fostered by unscientific or unscrupulous individuals may be considered under the general heading of "fake."

Cures which preyed upon public credulity have been employed since time immemorial. In ancient times, Pliny recommended the "gall of the wild boar or of the beef applied hot." During the days of witches and witch-craft, all sorts of concoctions were brewed for different diseases and sometimes a talisman or lucky token of some sort was used. The Chinese have always been great users of herbs, and even today, although they accept modern treatment of tuberculosis, they still believe in taking concoctions brewed from various plants. There is, of course, some merit in the latter. Perhaps a good deal of so-called quackery is an aftermath of the days when there were no physicians and disease was a visitation from the Almighty for sins or misdeeds. The high priests of old were the religious, civic, and medical heads. Medicines were unknown. The priest cured by prayer and if it didn't work and the patient died -- well, he just deserved it.

Perhaps some of the practices of our early physicians appear to us today just as ridiculous as the practices of the Chinese, Hindus, witches, or the priest of old. As late as the early part of the Nineteenth Century when the so-called philosophic school of medicine prevailed, physicians believed that any disease could be diagnosed and treated by argument. Pathology was unknown. Surgery was crude and doctors argued very much like the ancients -- the patient getting well or dying often without the doctor knowing the nature of the disease.

Thus we see the basis for all quackery is human credulity. The patient who is a sufferer wants relief. The difference between an ethical practitioner and a quack is that the former never guarantees cure -- the latter always does. Some cults have followers who are sincere in their belief that their particular system will cure disease. This could hardly be called quackery. When an individual of this cult, however, guarantees cure for all diseases by his methods, and accepts money for treatment from his gullible followers -- that spells quackery.

During the past fifty years hundreds of quack drugs and remedies for the cure of tuberculosis have been foisted upon a credulous public with more or less commercial success. I say this deliberately, because no advertised remedies originating from unscientific sources ever have the interest of the patient under consideration. We can, at this time, review only a few of the quack remedies which have been advertised in recent years.

Perhaps one of the most important attempts to extract dollars from gullible

American patients was the Friedman "Turtle Serum," brought to this country in 1913 by its discoverer, Franz Friedrich Friedman. Friedman was a bacteriologist of Berlin who produced a vaccine from the blood of a turtle and claimed it would cure tuberculosis. Nothing had ever been proved but a newspaper syndicate, as a publicity stunt, heralded the cure all over the United States. Day after day, front page articles in all the leading cities told of the great remedy discovered by a famous German professor who, at that time, was neither famous nor a professor.

I still remember a movie of Dr. Friedman being escorted around Washington by the then Secretary of State, William Jennings Bryan. He was also received by the President of the United States. Sufferers from tuberculosis from all over the country were clamoring to meet Friedman and take his treatment. In two weeks he actually collected $75,000 in large and small fees. The medical profession then stepped into the breach, realizing that commercialized quackery was at work. The public was again being victimized by a clever charlatan with the support of a newspaper syndicate.

It is a good thing to remember never to put faith in a cure for tuberculosis which is first announced in the public press instead of in recognized medical journals.

On a certain Monday morning in 1914, Friedman, who during several weeks had been the most publicized man in the United States, decided to open an office in New York city. He selected the most expensive location he could find. At the announced time, reports have it that the crowd waiting to pay Friedman any amount asked extended for two city blocks. And then a peculiar thing happened. Dr. Herman Biggs, at that time Commissioner of Health for the City of New York, issued a ruling that no one could use a vaccine or serum on patients unless it was first submitted to the Health Department for examination and approval.

The whole fake then blew up. Friedman could not afford a report on his preparation -- he could not use it without the consent of the health authorities. So he folded up and returned to Germany with plenty of money, but not nearly as much as he had hoped to collect. I have dwelled at length upon the "Friedman Cure" because it demonstrates how easily the public can be victimized and how important a part the organized medical profession plays in preventing these impositions. This episode was particularly tragic since this cure was produced by a scientific, educated physician, who knew he was deceiving the public.

Nuforal. This preparation was announced from a New York laboratory about 1922 as a new cure. I visited the Nuforal laboratory in June of 1922 because its product had been heralded as a sure cure. Being somewhat impressed by the character of the laboratory where it was manufactured, and the apparent sincerity of its promoters, I agreed to try it on patients for a period of six months. I was also shown a list of 200 prominent tuberculosis specialists who were trying it. This list was probably falsified to a large extent. I followed instructions, which were to inject the remedy at intervals for a period of three months. No results of any kind were obtained. I published a report stating that Nuforal had nothing but a commercial value. The laboratory threatened a libel suit but never carried out the threat.

Both the Friedman "Cure" and Nuforal were originated by men of scientific attainment who did not hesitate to use their knowledge in the promulgation of untested and unknown cures for the purpose of extracting money from unfortunate sick people. Naturally, one cannot be criticized for trying a method, a form of treatment on patients, even though he fails, if his intentions are sincere and his efforts not influenced by commercial prospects.

The Abrams Electronic Method "cured" patients by means of introducing units

of electricity into their bodies with an electrical contraption around their waists. Dr. Albert Abrams, a brilliant erratic physician of San Francisco, was so convincing in his promises that sufferers from all over the world consulted him and paid enormous fees. He guaranteed a cure for any disease but the fee had to be paid in advance. If the patient did not get well after the guaranteed period, some other disease was blamed for the failure. Many sufferers from tuberculosis were victimized by this fake cure. Some spent all their money and landed in other places. Many of them died during treatment. I personally treated several victims of the Abrams' treatment. Most of them died.

The Fowler inhalation treatment flourished for many years in Alameda County. The patient was told that by inhaling a certain preparation, his lungs would heal. A few improved as they probably would have under any or no treatment. All quacks hold up the few who have gotten well as examples to impress gullible sufferers. Fowler would send patients who probably never had tuberculosis as emissaries to known cases and promise cures. Fowler himself was not a doctor and thus he came afoul of the State Medical Act. He was repeatedly arrested for violation of the law but always escaped with a fine and thus continued his practices, even going so far as to engage a supposedly licensed physician. He went so far as to solicit funds among his patients for a sanitarium. This was built and operated but soon failed financially. As far as is known, Fowler and his remedy are now non-existent.

The latest quack remedy to make its appearance is Erus-Eruc, which read backwards spells "Sure-Cure," and which, according to the State Chemist of the California State Food and Drug Laboratory, is made up of sassafras, kerosene, and yellow dye. The preparation may be rubbed in externally, taken internally, or inhaled. Now why such a concoction promulgated by two laymen should cure tuberculosis, no one knows, and no intelligent person should believe. A member of a County Board of Supervisors stated that it cured him of tuberculosis and induced his board to appropriate $1500 of public money to experiment on twelve patients. The unfortunates were patients in the County care at the county tuberculosis sanitorium. The experiment was made legally possible by employing a licensed physician who agreed to give the patients this medicine although he knew it was a quack remedy. The victims of this fake were many who lost their opportunity while taking this "Sure-Cure" to have well-known remedies applied. Since this treatment was sponsored by the County, it was scientifically observed by a committee of physicians and proved not only inefficacious but a rank fake. The originators were arrested for violating the Medical Practice Act, fined, and put on two years' probation. Thus they are prohibited from using their quackery to victimize other sufferers. They fortunately step out of the picture but some one else will step in. There are hundreds of fake cures for tuberculosis which have been tried and failed during the past hundred years. There are hundreds being advertised and used in this country today. The law can only step in when violation is apparent and then put some individual or group out of business. It is powerless to stop some one else initiating a new fake.

Tuberculosis and cancer sufferers are the easiest victims of the quack. These diseases are of long standing. They are still considered incurable by many and the sufferer reaches for any straw.

Tuberculosis is no longer incurable. Our well-known methods are early diagnosis, scientific rest, good food, sunshine, a doctor with a conscience, and collapse therapy. These are tried methods which give results. Don't get discouraged because your cure isn't always rapid or because John Smith got well faster than you. Loss of faith often sends the sufferer to some one who guarantees a cure for so much money on the line. Continue to have faith in accepted and proved remedies. Always suspect a secret remedy which guarantees cure. If sufferers from tuberculosis will follow these two tenets, the faker and his fake remedies will disappear and no longer victimize a gullible public.

MEDICAL INFORMATION, PLEASE

What is the difference between positive and negative pressure in pneumothorax?

The lungs fit inside the chest wall like an inner tube inside a casing. The lung itself has atmospheric pressure or something closely approaching it in ordinary respiration, but the space between the chest wall and lung is less than atmospheric. In pneumothorax one can make this pressure positive or greater than atmospheric if one wishes, by introducing more air.

*

Why isn't calcium given to patients the way cod liver oil is? What foods contain calcium?

Milk is one of the best sources of calcium. Since this is given freely to tuberculous patients it is usually unnecessary to supplement the diet by calcium powder or tablets.

*

When fluid forms and is absorbed naturally are there any deposits left and are they harmful?

If the fluid is clear and absorbs rapidly no deposits are formed and no harm is done. If it is cloudy and lasts for a long time fibrin may be deposited along the chest wall and over the lung, thickening the pleura. Generally this is not desirable.

*

When a sinus infection develops after a thoracoplasty is it usually superficial or deep? What treatment is usually indicated?

It may be either and be due to Tb. or some other infection. If deep it may connect with the lung or bone. The operation necessary to correct the condition must be decided by the surgeon according to the individual case.

*

What sometimes causes pain as a lung is expanding after pneumothorax has been stopped?

As the lung expands the pleura stretches and causes some discomfort. If the pleura is thickened the heart and great vessels may be pulled toward the expanding side, adding to the discomfort. This usually disappears after expansion is complete.

*

Why does sputum sometimes increase after a patient starts to take bed rest?

As inflammatory changes in the lung subside the sputum may temporarily increase, just as a boil discharges its contents after the acute phase subsides.

*

Is hemorrhage possible without cavitation?

Yes, although cavities may be microscopic in size and lead to hemorrhage without evidence on the x-ray film.

*

Why does pleuritic pain sometimes recur after tuberculosis has been apparently arrested?

Chest pain is of many types and not all chest pain is pleurisy. Generally speaking, true pleurisy, substantiated by the physician, means that some recurrence of activity has taken place?

*

What digestive symptoms occur in tuberculosis?

Loss of appetite is the commonest symptom and is due to the toxaemia induced by the disease. Constipation and diarrhea may occur and may be due to actual involvement of the intestine by tuberculosis.

-- Answers by S. J. Shipman, U.C. Service Chief

ARTIFICIAL PNEUMOTHORAX

By ALFRED GOLDMAN, M.D.

From Hippocrates down, many minds for centuries have grappled with the problem of treating pulmonary tuberculosis. In 1696, Georgius Baglivi proposed the treatment of pulmonary tuberculosis by an incision between the ribs which reached to the seat of the lesions. Sir Edward Barry, in 1727, advised incision and drainage, especially in cases where the lung was adherent to the parietal pleura. Samuel Sharp also, in 1747, and Benjamin Bell, M. David, Gompracht and Pouteau, all advised the opening of tuberculous cavities. In the next century more life came into this subject for there were added to the incision, thoracentesis and aspiration.

Early in this century, James Carson of Liverpool did a number of experiments inducing pneumothorax in rabbits, and demonstrated that rabbits could live with a collapsed lung, and that even both lungs could be collapsed alternately. As a result of these experiments, attempts were made to produce pneumothorax in two patients, but the pleura was adherent and James Carson's work fell into oblivion.

More emphasis began to be placed on diet, nutritious foods, stimulants, exercise and pure air until the momentous time of Forlanini who, in 1882, suggested the treatment of pulmonary tuberculosis by artificial pneumothorax. It is significant that his proposal was practically coincident with Koch's discovery of the tubercle bacillus. By this time collapse therapy had had a long period of preparation and development. There were clinical observations by Stokes (1837), Czernik (1872), Banks, Toussant (1880), and Herard (1881), which showed the beneficial effects in staying the progress of the disease on certain cases of pulmonary tuberculosis that developed spontaneous pneumothorax or hydrothorax. In 1885 Caylay treated a case of severe hemoptysis by creating a pneumothorax.

Forlanini worked quietly from 1882 to 1895 perfecting his technique, before he reported his first cure of advanced unilateral pulmonary tuberculosis treated by pneumothorax. In America John Murphy was the first to use this treatment; in 1898 he reported five cases treated by pneumothorax. In 1909 Dr. Samuel Robinson, at the Massachusetts General Hospital in Boston, started the use of pneumothorax there and he constructed a machine to measure the quantities of air that can be introduced

Alfred Goldman, M.D.

Dr. Alfred Goldman was born in 1907 at Berkeley, California
He obtained his B.A. at the University of California in 1929 and his M.D. in 1933.
From 1932 to 1933 he interned in surgery at the University of California Hospital.
From 1934 to 1935 he was resident in thoracic surgery at the University of California Hospital and visiting surgeon at the San Francisco Hospital.
From 1935 to 1936 he was resident in surgery at the Mt. Sinai Hospital in New York.
From 1936 to 1937 he was resident in thoracic surgery and research fellow at Harvard Medical School and the Massachusetts General Hospital in Boston.
Since 1937 he has had a private practice in San Francisco and has been assistant surgeon of the U.C. Medical Staff.
He is also instructor in surgery at the U.C. Medical School.

and to measure the pressures. This machine still has widespread use.

Artificial pneumothorax, we can easily see, is a tried and trusted treatment. More than fifty years' experience has accumulated. Its technique has been altered from time to time so that the complications are fewer and the procedure is quite safe. For example, in the earlier times large amounts of air were allowed to enter the chest (1500 to 2000 cubic centimetres at a time), while now the average amount of air is only 300 to 400 c.c. at one filling. With the use of novocaine there is practically no pain. Due to the perfection of antiseptic solutions and increase in knowledge of bacterial infections, together with perfection of sterile technique, infection introduced by the procedure is practically unheard of.

What is the mechanism that allows artificial pneumothorax to produce its beneficial effects? When air is allowed to separate the two layers of pleura as it enters the pleural cavity, the lung no longer has to follow the breathing movement of the chest wall. Areas of the lung under stress and tension may thus be relaxed. Diseased bronchial tubes producing valvular effects -- with a resulting cavity -- are frequently altered so that no longer do the "blowing-up" effects to certain areas of the lung occur. The net result is usually the closure of a cavity or the disappearance of other forms of disease in the lung, and the sputum is rendered free from tubercle bacilli. Sometimes pain may be relieved; and for the treatment of pulmonary hemorrhages, artificial pneumothorax is the sine qua non.

What patients shall be treated by this method? There is hardly any age restriction. Children with adult type pulmonary tuberculosis, or the aged, may be treated. While the treatment is best for those with unilateral tuberculosis, it is also efficacious in bilateral tuberculosis. The amount of sputum does not prevent the use of pneumothorax. In general, we can say that all persons with positive sputum who do not have some definite contraindication may have artificial pneumothorax attempted.

If artificial pneumothorax is used, does this mean that it will always be continued? No, it does not, for the secret and art of treatment with artificial pneumothorax is to know when such treatment should be stopped. Whenever the treatment is not benefiting the patient, we usually discontinue it.

How long shall artificial pneumothorax be instituted? This is a matter of judgment of the physician, and the answers are based on individual factors. The occupation of the patient, his social environment, his personal habits, the size of the cavity, the amount of tuberculous infection, and the condition of the pleura are all taken into consideration when deciding how long the patient shall be treated.

Must the patient take bed-rest while artificial pneumothorax is being instituted? It is wise, at least during the development for the first six weeks or two months, that the patient should be given the advantages of bed-rest along with his artificial pneumothorax. Most patients sooner or later become ambulatory, and carry on their artificial pneumothorax treatments while working.

The technique of artificial pneumothorax treatment makes great demands on the knowledge and skill of the physician, and its success depends upon its being carried out in all details; but this treatment offers the possibility of excellent results for many otherwise hopeless patients. Between the patient and the doctor who carries out the treatment, a strong bond of friendship develops from their weekly contacts. Small problems which arise are solved together. The silver cord of confidence develops, so that the physician becomes the regulator of the patient's daily life and habits. No other treatment of pulmonary tuberculosis offers this control of the patient by the doctor; and no other treatment has done so much to help eradicate pulmonary tuberculosis.

VALUE OF A CITIZEN

The first thought of most of us when told that we have tuberculosis is not the time it will take to get well so much but how we can earn a living when that day comes. Most of us assume that the cure will more or less take care of itself, since we are hospitalized, but the specter of competition in the outside world dogs our thoughts continually. All of which makes rehabilitation one of the most important phases of the problem of getting well and staying well.

Its importance to the medical man must not be minimized. The doctor is continually bombarded with questions as to what the future holds for the patient in the way of self subsistence. He is persistently pestered with the when, as, and if of work. He must gauge with exactitude the physical strength of his patient in order to prevent recurrence of the disease. This demands a knowledge of, if not a control over, the future rehabilitation prospect of his patient.

The whole problem is of the utmost importance to the tax-paying public. How much more sensible to properly train a person for self support, at a comparatively small cost, rather than continue over a period of many years to dole out an inadequate relief. Relief that undermines confidence and through its sheer inadequacy and humiliation is responsible for too many breakdowns which entail rehospitalization at a greater expense to the tax payer.

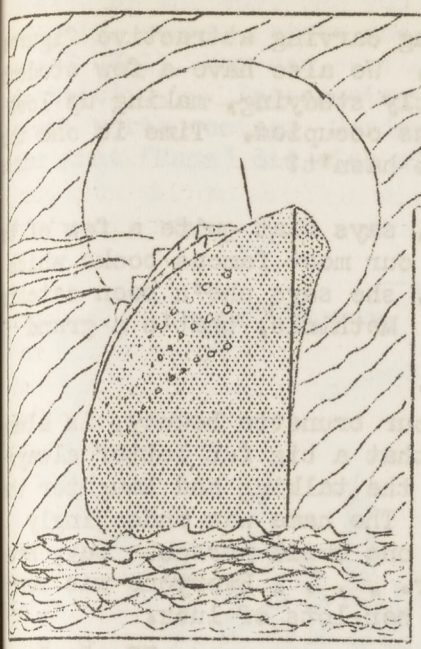
More Federal funds are available for an extensive Rehabilitation program but the "matching" provision and the fact that a short-sighted legislature limits state appropriation prevents the state from taking full advantage of the increased amount which could otherwise be available.

According to a bulletin issued by the California Rehabilitation Association, from the office of its Secretary-treasurer:

> "From Washington comes the annual report for 1938-39 which discloses the fact that for the fifth consecutive year California led the United States in number of disabled persons rehabilitated through the Vocational Rehabilitation service for the fiscal year 1938-39. This was indicated in the 'Digest of Annual Report of the State Board for Vocational Education to the U.S. Office of Education,' copy of which was received recently from Washington.
>
> "The number of disabled persons rehabilitated in California for the year mentioned was 1127. Illinois was second with 995 rehabilitations, and the states of New York, Pennsylvania, and Michigan followed in the order named.
>
> "In the matter of comparative costs, the report is equally gratifying. The average cost per case for the country as a whole is $371.43. The average cost per case for California was only $211.58."

We admit that the figures appear gratifying at first reading but we wonder if these statistics are not misleading. Of the 1127 numbered in the report as rehabilitated, how many were tuberculous and of this special group, how many are at the end of the fiscal year 1939-40 still rehabilitated? It seems to us, too, that the sum of $211.58 to rehabilitate a worthy case for life is a meagre pittance compared to the $1000 that it costs the city to care for a tuberculous patient for one year. With the millions and billions being spent today in waste and destruction and keeping in mind that it cost approximately $28,000 to kill one man in World War I, $211.58 is an insignificant nothing to spend in the making of a happy and useful citizen. We hope the day soon comes when a happy and useful citizen is valued equally as much as a dead soldier.

-- H. H. and E. S.



ROUND THE WARDS

--AT S. F. HOSPITAL

WARD 32

Those amateur photographers who point a camera down someone's nose or take close-ups of one's elbows producing surrealistic effects have nothing on us. There are a few camera enthusiasts around here too. Several recent ones are Letitia Dunne, Emily Hilzinger, Donaldina Tom, Rose Oberg and Jackie McSween. Although the results are not always perfect, it is surprising how many interesting snaps can be obtained merely by pointing a camera at different angles from one's bed. For subject matter there are scenes looking out the window and down or interiors looking up, but most popular are the patients, the nurses and the doctors. Our one big regret is that although we had twin doctors on our ward their stay here did not overlap and since we never saw the two together, we have no photographic proof that there actually are two Dr. Treadwells.

○

Birthday celebrations are supposed to be a surprise to the one having the birthday, but not usually to everyone else. Donaldina Tom, however, surprised us all because before we even knew she was a girl who had birthdays, her bed was piled high with packages and her stand overflowing with flowers. One of the highlights came a few hours later when Dr. Sauer made rounds wearing a pink carnation. Donnie, too, had pink carnations so there was no mistaking the source. There is also a rumor that she is saving another flower for a very special person.

○

"Oh, I'm so happy!" This burst from Emily Hilzinger early one morning. We think the reason for the outburst was because she was having a day out and because she is on her way to Hassler. At any rate, we have heard Emily repeat these words on other occasions and they are infectious leaving a pleasant feeling inside of all those who are near.

○

Perhaps the subject of animals should be approached cautiously since there are those who may not be interested. Nevertheless, when a circus or a zoo advertises the largest animal in captivity the whole world talks about it. That is why we are still talking about elephants. That mammoth one in room 5 & 6, made by Leah Lenci and Mary Farlin is undoubtedly the largest stuffed animal made in this hospital or perhaps in any hospital. It contains enough kapok to stuff all the other elephants, Mickey Mouses, dogs, giraffes and baby giraffes on the ward. Its one leg is as big as Willie the Bunny, another recent creation. It would be a big armful for any little girl.

-- H. W.

WARD 31

While strolling through the ward, which is done mentally rather than physically, we realize how busy the girls have been these last few weeks. Amelia Richards making scrap books, Edna Larson, Annabelle Hollan and Hester Wise cleverly covering jars

with colorful crepe paper, Dee Winward and Caroline Yong carving attractive figures out of soap and Lupe Tovar knitting beautiful sweaters. We also have a few students, Betty Ryan, Ida Cheng and Frances Low, who are diligently studying, making up lost grades. These are just a few of the things that keep us occupied. Time is one thing we have plenty of. In fact, more time than money. Who hasn't?

○

Marie Byrne, our faithful food and radio reporter, says that quite a few of the girls enjoy reading the "Pocket Book" editions of some our most famous books which were given to us by some kind gentleman. Incidentally, she says she's been catching up on some of the books she should have read long ago. Methinks, that's a grand idea for us all.

○

We've always wondered just why Vivian Francisco, our brunette beauty, is always on pins and needles on Friday. Well, my spies report that a big fat letter always arrives from Panama, right on the dot. . . . . Most of the talking and laughter that emanates from the ward usually comes from the "Brats." The name was endearingly bestowed on them by our night nurse, Mrs. Duck, who is one swell person. Say, have you noticed her chuckle? It's really something to hear. . . . . Everyone was sorry to see Florence Whitaker leave for Hassler but we wish her lots of luck.

-- H. R.

WARD 19

We feel we must tread softly following in the footsteps of our very capable reporter, Ida May Priestley, who has left our circle to resume her place in the everyday world of her family and friends. To her we all wish health and happiness.

○

Some of the girls of this ward have formed a unique organization. They call it the Stitches Club. There has been much controversy as to the qualifications necessary to become a member. The final decision was that only stitches taken in Tb. surgery could be counted. The last tabulation showed Joy Flynn and Dorothy Hinman in the lead for president.

○

This is rapidly becoming a surgical ward. Kathy Lopez, Joy Flynn, Dorothy Hinman, Hazel Jackson and Florence Davies are recuperating from encounters with the knife during the past week.

○

Headline in daily paper: WILKIE BLITZKRIEG. Our Little Audrey, "So that's his last name." We are still wondering -- did she mean it?

○

Only imagine! In our very midst we have a numismatist. All who pass Emily Alt's bed are hailed with, "Do you want to sell some pennies?" She scorns all coins but pennies and no one escapes her -- doctors, nurses nor friends.

○

Our loss, Hassler, is your gain. We feel very badly about losing Miss Joyce.

-- M. R. & M. M.

WARD 26

Zowie! I've been gypped. My pals have pulled a fast one on me. Brickbats to one John Grahame, the former reporter for this ward, who in a very subtle manner passed the job of ward reporting on to yours truly. Oh well, John, we'll get even. Just read next month's CLARION and see.

Well, here goes. Ward news hot off the griddle. Item No. 1: Our dulcet tenor was seen wearing a rose in his hair after receiving his fan mail. Such is fame -- ho, hum! . . .Add Wonder: How many times a day does Max say, "Do you see what I

see?" By the way, can you name all the states, presidents, amendments, all branches of city, county, state and federal government, and the dates and names of all U.S. wars? Well, Max can. . . . . Another wonder: To whom does Kioshi write all those letters? . . . Introducing our new room mate, Bernard Barnes, a nice fellow. . . . A sight worth seeing: Gordon Stone testing a silver dollar with his teeth. . . . Wonder what "Mama" did with all those fish she didn't bring home?

"MAMA" CHRISTIAN -- HONORARY MEMBER OF THE LIAR'S CLUB.

As pictured by Ed Nesbitt
H. H. H.

○

Model airplane builders had a week in which to catch up on their work as the Wrecking Co., of R. Tuttle & Co., had a go with the doctors and came in second. The enforced recuperation in bed gave the boys in the bone yard a chance to look at the birds and flowers without having to push Mr. Tuttle out of the way. Incidentally, that semi-human laugh that echoes through the corridors is not what one might imagine. It is merely "Crash" Tuttle exulting over the crumpled remains of some model builder's dream. If the normal hazards of wind and weather are not sufficient for blitzkrieg realism, a firecracker in the fuselage does very well.

○

If this were a communique from (one word censored here) this might read like (three words censored here) but, as it is, you get it (two words censored here).

-- B. S.

WARD 25

Wafted on the soft morning breeze came a whistle combining all the best qualities of the whippoorwill, the nightingale and the canary. Came the conviction that the melodeer must have had bird seed for breakfast. Or to have a string on a whistle like that. After an hour or so of our best stalking and prowling (and can we stalk) we discovered Art Mitchell trilling lilting cadenzas in his best Brooklyn manner.

He's the same chap who on a Friday was asked if he wanted fish or eggs and he said, "Why not both?" Another in a long line of hearty eaters who always says "bear down heavy on my plate." It may not be true but he claims that he lost his teeth whistling -- an extra hard blow one day and then -- no teeth.

○

The Mr. John Kane -- Paul Hornbeck Cross Word Puzzle Duel is liable to go down in history. It's replete with crosses and double crosses and a flock of bum steers. Somebody will eventually hornswoggle somebody else so completely that the answer will be "pft." Walter Campion just laughs.

○

CLARIONETTES -- To cooperate with the National Defense Plan Frank McCoy planned on laying the keel for a new battleship with the tooth brush handles requested in The CLARION want ad column. The ad was a flop -- no tooth brush handles. And the saying is that it pays to advertise. . . It's farewell to Miss Gregg who exchanges the white of a nurse for the white of a bride. . . John Fisher isn't young enough to have beginner's luck but he must be weighted with horse shoes and four leaf clovers to be such a consistent winner. . . Larry Flynn worked Prince Johnson into a bed on the porch and has Jim Whalen next on the list for graduation. . . Henry Low croons and then croons some more. We're looking for a spot for him on KSFH.

-- H. H.

W A R D 2 4

Having survived last month and not being called upon to duck any barrage of overripe fruit, I'll try again. Thanks to Dan Roberts, whose initials are the same as mine, he got all the beefs until the truth leaked out as to who the guilty party was.

○

The Solarium is quiet these days since "Hill Billy" Smith packed up and took the slow train back to Arkansas.

○

Leon "Blimp" Bradley wants to state that he objects to being called a poet. He claims that he wrote those poems of his while he was in a balmy mood and under the influence of spring. He has since come out of his trance and no longer has any desire to woo the muse of poets. Our only suggestion is that he will have to remain our poet laureate until he can prove his worth in some new field or until another Milton is found to succeed him.

○

We have several newcomers here. One is 64 year old Morris Austin whom we consider the best Irish tenor in the hospital. Another is Teusaac Wong, the Casanova of Chinatown. He leads the Ward in receiving mail, especially letters of the perfumed and multicolored variety. The runner up in this department is the other Chinese Adonis, Warren Wong -- no relation, just one of the Wong boys. Oh, for a stationery store in Chinatown right now.

○

The boys can't understand how the sports reporter passed up this Ward. The great "Smokey" Scrimager is here with us. "Smokey," who hails from Kansas City, has fought some of the best men in the game.

○

"It can happen here." George Basil will be leaving soon, a cured case after a 3½ year stay in the hospital. We have records to prove that that's the longest a Greek ever stayed in one place without starting a restaurant.

○

The joke was on the pranksters who short sheeted Andy Anderson's bed the other night. Andy, who is just a notch taller than a midget, slept quite comfortably without knowing that anything was wrong.

○

Pete, the fisherman, still takes pneumo-peritoneum. He is the nearest thing possible to a human balloon. There have been several wagers as to whether he would

float through the air if he were flung out the window. But Pete won't give the fellows a chance to collect. He said he wouldn't be afraid of falling if there were a net below but he wonders what would happen if he should <u>really</u> float away. He is afraid he might be mistaken for a hostile bomber and be shot down by anti-aircraft batteries.

-- D. R.

WARD 23

With regretful reminiscences of Spring gone by, we quote a few lines:

Alas, that Spring should vanish with the Rose!
That youth's sweet-scented Manuscript should close!
The Nightingale that in the Branches sang,
Ah, whence, and whither flown again, who knows!

But shucks and all. Summer has arrived, and truly a magnificent one; each morning appearing with a glorious burst of radiant beauty from Old Sol, soft fringes of clouds caressing the deep blue sky. Ah.....

○

Wardly Awards: Recently diplomas were given to two of our most studious who have earnestly pondered and pored over their lessons. Highlight of the program was the speech of Fred White. Well written. Well said. Well done. Bob Silagi added his brief and extemporaneous bit.

○

Quite a few of our former colleagues have visited us from time to time, giving us no end of encouragement. And why not? Have you seen Leo? With his school boy complexion and springy step he is the picture of health. And Terry Sheals, who appears very well and has the air of a retired business man. "Red" Barnes patting his abdominous front and saying, "Nothing like it. I feel swell -- ed." Last but not least, Milton Underwood looking fit to tame Man Mountain Dean. Beware you, one and all, a hand clasp of his leaves one simply limpy.

○

Personettes: "Debonair" Baker, maintaining a dignified air but quite pleased with his sister's "Hello" over the KSFH hookup. . . Andy Sear's cheerful "How's everybody this morning?" . . . Mrs. Fisher dishing out answers to wise cracks along with the food. . . And that copy of Romances sticking out of "Student" White's hip pocket. Just an all around man. . . "Going" Hohm, our ward Master of Ceremonies, never gets caught short for an answer even if it's only a snort. . . "Dapper" Hodge is well known if the chorus that greets each of his appearances is a score card. . . Nick, our ward Confucius, continually muttering that the first fifty years are the toughest. . . . And we ask you -- wouldn't it be interesting if all the psychiatrists would explain to us how they all got that way.

-- R. D. B.

WARD 28

The exclusive knitting circle of Ward 28 has lost one of its most important members, Mr. Arthur Viscarello, who was discharged. He was a great assistant to Mrs. Johnson, our supervisor, and to us beginners in this new phase of occupational therapy. We also understand he is responsible for setting such a high record for the last issue of The CLARION as well as giving us the distinction of beating the girls' wards for "Top Financial Honors." We appreciate his great effort and super-salesmanship.

Who is the humorist who tests the radio? It's certainly funny to hear "99, 99 -- one, two, three -- let it out slowly -- now cough," coming over one's earphones. Could the tester think the "mike" has "bugs."

Mr. Ralph Coil, the eminent model plane designer and builder, is bemoaning the loss of his two place Waco Cabin job. After several successful trial flights around

the courtyard his plane flew blithely over the roof, side swiping the radio antennae pole on the way. The mystery of its disappearance is heightened by the fact it had no place to go but -- down. There is no reward.

○

"Boomer" Brennan, the champion bed maker-upper of this or any other ward, keeps everyone in stitches with his impersonation of W. C. Fields and those old jokes which are even funnier the fifth time that he tells them.

○

Those new tile-lined showers are finally installed. What an improvement over the old ones! Jimmy Jung was the first under the wire (or should it be water?) in both showers. He took half a shower in one and half in the other. Leave it to him to hog all the glory.

○

There was cause for rejoicing July 15. The "Little General" arrived back from a two weeks vacation and although we are happy to have her back in the fold, Mrs. Phillips, who filled in while she was gone, will be sorely missed.

-- R. W.

--AT HASSLER

Dr. William C. Van Deventer, resident physician and superintendent of Hassler Health Home, was granted a short leave of absence beginning July 10 to serve in his official capacity as Captain in the Medical Corps at the annual summer maneuvers of the National Guards. Captain Van Deventer is attached to the 250th Company of the Coast Artillery stationed at Camp McQuaide, Watsonville, California.

During Dr. Van Deventer's absence, his position was filled by Dr. E.A. Schaper who alternated between Hassler and the San Francisco Hospital. While at Hassler Dr. Schaper entertained the patients with programs of medical talks and recorded music over the public address system, installation of which had just been completed prior to Dr. Van Deventer's leave. On another night, Dr. Schaper showed Kodachrome slides he had taken at the Golden Gate International Exposition on Treasure Island and of the Christmas party at the San Francisco Hospital.

To date the following members of the Hassler personnel have gone on their vacation: Miss Marie Ulrich, Miss Margaret Wang, Mrs. Edna Peterson, Mrs. Astrid Dodson, Mrs. Mae Young, Mrs. Luna Mae "Daisy" Owen, James Hanlon, Wm. O'Brien, John Robinson, Carl Nystrom, George Sawyer, John Logue, Frank Hofrichter, and Anton Locksmith. Miss Ilda Polk has been transferred to Laguna Honda Home and Miss Florence Joyce was transferred here from the San Francisco Hospital.

WARD 5

Two more departures bring us back to our lucky 13 in Ward 5. Myrtle Fox and Helen Slaghter were the fortunate pair. Several more will be leaving us soon, we hear.

○

What is responsible for Hilda Albury's spontaneous laughter? It's always all over by the time we get there, and we never find out.

○

Elaine Louie has developed quite a technique of dancing with her hands, a la Balinese. It takes Henry Busse to get her really started though. Our hand rhythmics when Tommy Dorsey beats it out cause quite a breeze.

○

When bigger and better horror stories are written, will you please send them to Dena Castellotti. Our Dena is very well read, butthose gory mysteries are just for relaxation. None of that sissy "one body per book" stuff, either. Speaking of mys-

teries, we are still trying to find out how the shower door was locked from the inside with no one there. We have imaginary mice, too.

○

We are out on the porches. The breezes are blowing, the hills are singing, and as our Miriam R. says, "All we need now is chicken sandwiches." It's funny how food always gets into the conversation sooner or later.

-- N. J.

WARD 6

What a girl, not even Petty could match her. She's the cream of that crop at H.H.H. With all the best qualities of our own bashful beauties. For example, a girl with the hair of Carmen Olea, the dancing eyes of Bonnie Zalkasky, the pretty smile of Olga Galvan, the gorgeous complexion of Lucille Taylor, the vitality of Dolores Benson, the cute dimples of Helen Vilareal, the sweet and gentle voice of Marie Duca, the poise of Elaine Louie, the unsurpassed sense of humor of Rena Marr, the piquant eyebrows of Mary Tong, the chicness of Mary Chin, the neatness of Fanny Quan, and last but not least, the gentleness of Ruby Low! Oh, well -- maybe someday our dream girl will come to H.H.H. In the meantime we are quite sure you can't beat our composite example of perfection.

○

When visitors begin to take pictures of our patients, that's something to brag about. Ask Ethel Ryan, Ella Rowe, Nancy Ruck, and above all, Marie Massa! We must ask Bonnie for the results.

○

Besides learning English our friend Petra Celedon has taken up knitting. Soon it will be unanimous. Only Mae Reynolds and Kay De Lucca left. But we must give credit to Lillian Stringer for her masterpiece. A proud hubby is her reward.

○

SPECIAL FLASH! We promised last month to give the latest developments on Lucille Taylor's knitting. Well, the sweater is ready to be finished. Only the blocking is needed! (Lucille doesn't want anyone to know that the front has been ripped out three times, so keep it a secret!) But when it is entirely finished, we'll give you the lowdown!!

○

Overheard: Ella Louie, "Oh, I must cut my feet-nails!"

○

Surrealism (snakes with feathers -- oysters with wings). We don't mind freedom of expression but when our artists go so far as to have their noses scratched for them -- that, my friends, is what is known as carrying temperament too far.

○

Whassa matta? People locked in showers. Not so bad, but when you lock yourself in by trying too hard to get out, well! Climbing over the door is no way to get out of a shower, but it's the only way when you are locked in and the second breakfast bell has rung. It's too bad that The CLARION doesn't use the staff names in the news. There should be exceptions. (To the editor: this is about Dorothea Kuhn.) (Editor's note: we do make exceptions. The CLARION is an exceptional magazine.)

-- M. M.

WARD 2

Prominent among those seen in the first row at the summer's opening floor show were Tony Dal Santo, James Ariza and Georgie Suey Chin. And not one of them a tired business man or possessor of a bald pate.

○

With the awnings having been put up and beds moved out on to the porches, the Farm seems more than ever like a summer resort. Sleeping under the stars, watching the moon rise over the eastern hills, basking in the afternoon sun and -- fighting off

mosquitoes between times. Now that our bed overlooks the orchard at the north end of the ward, we are beginning to wonder if perhaps the deer aren't being unjustly accused of vandalism therein. At least, it seems to us from where we sit that those creatures to be seen under the peach and apricot trees have more the appearance of what are known as ambulatories than of our four-footed friends. Of course, we wouldn't mention any names in such a matter.

○

Harold Wilson has given up his job as caterer to the humming birds of Ward 2 in order to assist the other gate-keepers down at the Children's Ward. The birds are not being neglected, however. Their jars of sweetened water are replenished faithfully each day by a conscientious Steven Dickoff.

○

Anyway, those two scarecrows which are put out each evening by Gottfried Wagner do seem to be keeping that doe and those raccoons out of the flower beds. They even gave Miss Ulrich quite a start the other night.

○

Add new occupations to be seen among our fellowmen -- that of cobbler or boot-maker which has been acquired by Arturo Mattioli. Quite a pair of wooden shoes was turned out by him recently.

-- S. M.

WARD 1

During one of those warm balmy Hassler nights conversation turned to jungle stew and drinking coffee out of old tin cans, grabbing a handful of boxcars and evading yard bulls, and talk of getting locked in reefers and slipping off cat-walks and whether anyone ever really rode the rods. Finally the whistle of a hot-shot highballing out of Redwood City became too much for Jim "Shanty" Malone's nostalgia, he having worked for the wellknown S.P. line. So he bought a scale model of a Western Pacific fruit reefer (a refrigerator car), a length of track, a length of roadbed, and a thousand railroad spikes and began putting things together. Before he finished, the line went into receivership and was auctioned off to Nathan Siegel who now has on his window sill the smallest railroad line in the world; assets, one length of HO gauge tracks, one length of roadbed and 974 spikes. His rolling stock consists of one Western Pacific fruit refrigerator car, slightly dilapidated.

○

When Jimmy Balliet was given the nickname of Dan Cupid, Kewpie for short, no one was referring to amour. The accent was on avoirdupois.

○

Now that summer is definitely here at Hassler (awnings are up over our east porches and beds have been moved out), ex-patients and mosquitoes have begun invading this picnic paradise. Occasionally -- in fact too often -- we hear a loud slap and know thereby that another mosquito has died. Not so with our ex-patients. Among recent visitors were Harold Cissel, Leo Pavloff, Don Strong, Bill Marr, Walter Younck, Arthur Viscarello and Dan Petrovich.

○

C. A. Racine, well-known man-about-town from Fort Bragg, finished a scale model of a house the other day from an original plan only to find that the prospective builder had changed her mind about liking it. And quite fortunately, too, we must say for it reminded us of a rat maze which would have delighted the most exacting psychologist and baffled the most astute of rats. What it would have done to the people, we hardly dare guess. Moral: People who live in rat mazes shouldn't.

○

The production of airplanes is in full swing here but they crash faster than they can be built. . . "Grandad" Sperling cannot wait for the day when we get a nice juicy steak so that he can bite into it with his brand new set of teeth. . . You should hear our new theme song "The Singing Hills" sung by The Singing Hillbillies.

-- I. K.

A TALE OF WOE

(in thirteen unlucky couplets)

1
Oh, woe is me, I have T. B.
It doesn't hurt, but holy gee!

2
Though I try to stay in bed,
I feel so good I'm up instead.

3
The Doc says, "Hey, you have the bug."
But I smile and say, "Go wan, you lug."

4
The nurses growl, "Now, quit the smoking,"
But I think they're only joking.

5
And finally after many years
My family comes, and sheds its tears.

6
Not tears of joy, nor of gladness,
But instead, they're tears of sadness,

7
Because their advice, I chucked it,
And now I'm going to kick the bucket.

8
And on my grave
These words engrave:

9
"This sap died while on a spree
With a little bug they call T. B."

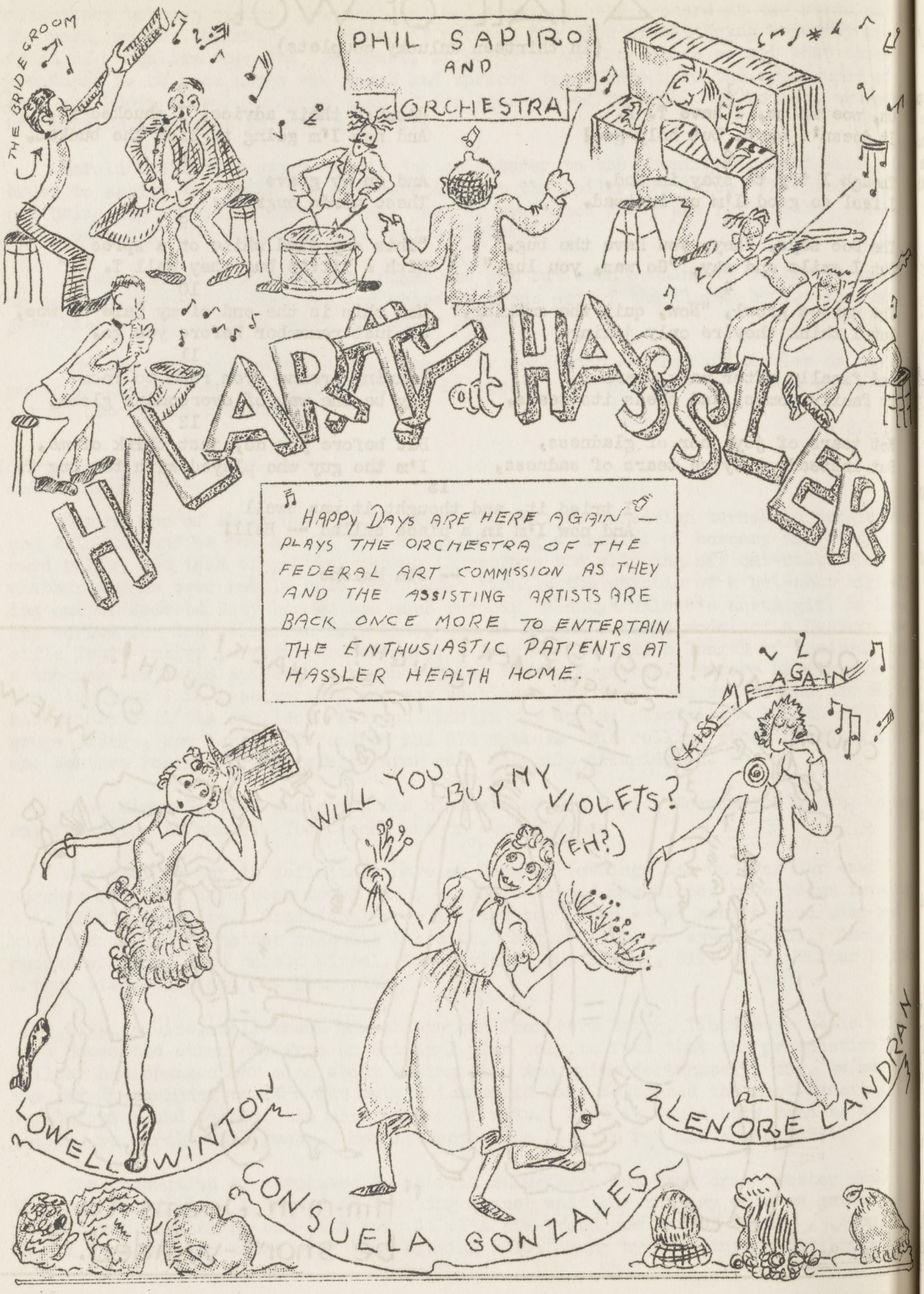
10
Now this is the end of my tale of woe,
So just remember before you go.

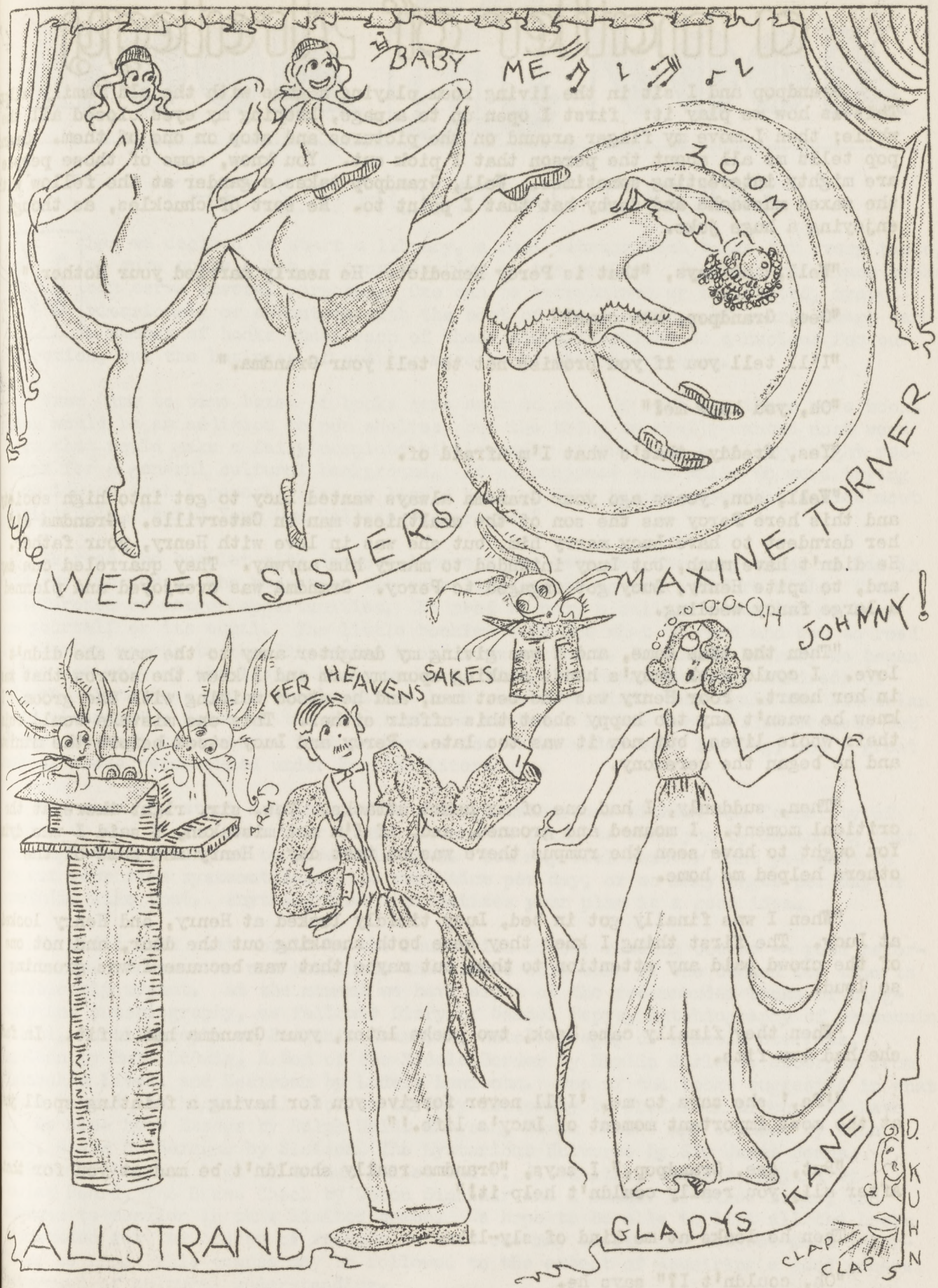
11
Running around from room to room
May be one way of overcoming gloom,

12
But before you do, just think of me,
I'm the guy who played with the bug T. B.

13
I tried it, and thought it was swell
And now I'm in a place called -- Hell!

-- Jim Malone


THE BRIDEGROOM
PHIL SAPIRO
AND
ORCHESTRA
ART at HASSLER
HAPPY DAYS ARE HERE AGAIN — PLAYS THE ORCHESTRA OF THE FEDERAL ART COMMISSION AS THEY AND THE ASSISTING ARTISTS ARE BACK ONCE MORE TO ENTERTAIN THE ENTHUSIASTIC PATIENTS AT HASSLER HEALTH HOME.
KISS ME AGAIN
WILL YOU BUY MY VIOLETS?
(EH?)
LOWELL WINTON
CONSUELA GONZALES
LENORE LANDRAU


BABY ME
ZOOM
the WEBER SISTERS
MAXINE TURNER
FER HEAVENS SAKES
O-O-O-O-OH JOHNNY!
ARMS
ALLSTRAND
GLADYS KANE
CLAP CLAP
D. KUHN

a matter of strategy

Grandpop and I sit in the living room playing a game with the old family album. This is how we play it: first I open up to a page, keeping my eyes closed all the while; then I move my finger around on the pictures and stop on one of them. Grandpop tells me all about the person that I pick out. You know, some of those people are mighty interesting sometimes. Well, Grandpop takes a gander at the fellow with the waxed mustache and derby hat that I point to. He sort of chuckles, as though enjoying a huge joke.

"Well," he says, "that is Percy Benedict. He nearly married your Mother."

"Gee, Grandpop, how come?"

"I'll tell you if you promise not to tell your Grandma."

"Oh, you know me!"

"Yes, Freddy, that's what I'm afraid of.

"Well, son, years ago your Grandma always wanted Lucy to get into high society, and this here Percy was the son of the wealthiest man in Caterville. Grandma did her derndest to have Lucy marry him, but she was in love with Henry, your father. He didn't have much, but Lucy intended to marry him anyway. They quarreled one day and, to spite Henry, Lucy got engaged to Percy. Grandma was overjoyed and planned a large fancy wedding.

"Then the time came, and I was giving my daughter away to the man she didn't love. I could feel Lucy's hands shaking upon my arm and I knew the sorrow that was in her heart. Poor Henry was the best man, and he stood waiting with the groom. I knew he wasn't any too happy about this affair either. This one mistake would ruin their whole lives, but now it was too late. Percy and Lucy stood before the minister and he began the ceremony.

"Then, suddenly, I had one of my heart attacks. Yes, sir, right there at the critical moment. I moaned and groaned, and, if I'm not mistaken, I said I was dying. You ought to have seen the rumpus there was on that day. Henry and some of the others helped me home.

"When I was finally got in bed, Lucy timidly looked at Henry, and Henry looked at Lucy. The first thing I knew they were both sneaking out the door, and not one of the crowd paid any attention to them, but maybe that was because I was groaning so loud.

"When they finally came back, two weeks later, your Grandma had a fit. In fact, she had two fits.

"'Pa,' she says to me, 'I'll never forgive you for having a fainting spell just at the most important moment of Lucy's life.'"

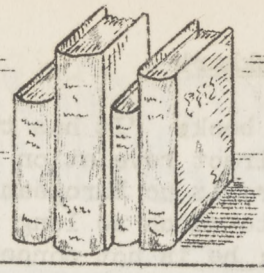
"But, gee, Grandpop," I says, "Grandma really shouldn't be mad at you for that. After all, you really couldn't help it!"

Then he looks at me kind of sly-like.

"Oh, couldn't I?" says he.

-- Hazel Woods

BOOK NOOK



THE S. F. HOSPITAL LIBRARY

When we decided to start a library, a real library with books for every taste, we gave quite a bit of consideration to the matter. In the first place books can serve several purposes. One can be entertained or instructed, travel vicariously or adventure with the best of the sleuths. Of course there were a number of books under each of these classifications as a nucleus for our collection, but the business of getting more books was the problem.

From time to time boxes of books were sent to us. In each box there were books which would be an addition to our shelves, but the thing we really wanted most were books that would make a fairly complete bibliography of the kind a college might recommend for a general cultural background. It so happened that while we were trying to decide on such a general list, a little booklet came to our attention called most intriguingly, "Build Your Own College Background."

We read the booklet with deepest interest for here was the very thing we had in mind for the person who regretted the schooling passed up years before either from indifference or meager opportunities. No need to envy a college education -- have one yourself or its equal. The little booklet told one what to read and how to read it. Having access to the "discarded book" room at the S. F. Public Library we began to see how many of the listed books we could find. It meant handling hundreds of volumes. Sometimes not a single listed book would we find: then again the librarian would clear out a dozen of the very books we wanted. It has been a slow process but at last we want to announce that we have a few books under each listing, and a great many of those recommended under English Literature.

Now when you start acquiring this college background without the formality of signing up for it you take your time. No one is going to rush you by demanding that you complete the subject by a certain date. You may feel however that you want to lay out your time systematically, so much time per day, or so many pages per day or something like that. Anything that systematizes your plan is a good idea.

We still lack what should be the foundation of our reading course -- good reference books. However we are confident that these will come if the demand for them is sufficiently urgent. At the moment we have eight of the recommended books of biography and autobiography, as follows: Diary of Samuel Pepys, Autobiography of Benvenuto Cellini, Autobiography of Benjamin Franklin, Autobiography of Lincoln Steffens, Napoleon by Emil Ludwig, A Son of the Middle Border by Hamlin Garland, excerpts from Plutarch's Lives, and Upstream by Ludwig Lewisohn. One of the books suggested in what may be termed the historical section is Only Yesterday by Frederick Allen. We have it. We also have Essays by Ralph Waldo Emerson, Human Nature and Conduct by John Dewey, Chats on Science by Slosson, The Mysterious Universe by Sir James Jeans, 100,000,000 Guinea Pigs by Arthur Kallet and F. J. Schlink, Whither Mankind by Charles Beard, The Brass Check by Upton Sinclair and a number of other books, too numerous to mention in this limited space. We hope to be able to list all the books recommended for the course of reading so that one may choose the subject most interesting to him. This course may be followed to the extent of acquiring a good general background of cultural understanding.

-- C. J.

BRITISH AGENT, R. H. Bruce Lockhart

Says Hugh Walpole of this book: "It has two great qualities -- honest and vivid actuality. And a third, the direct revelation of the personality of a most unusual character. I suppose that there is no European alive today, who, in an official position was able at first hand to watch so long a sequence of the Russian crises as Lockhart. He conceals nothing; he is not concerned to conceal anything."

British Agent is a story of six years of intrigue in Russia under both the Tsar and the Bolsheviks. Vice-consul in Moscow, then Acting-Consul General, Lockhart carried on so ably that the latter position was not filled until circumstances brought him his appointment as head of a special mission to establish unofficial relations with the Bolsheviks. Thrilling events flow from his pen; smuggling Kerensky from Russia, being imprisoned in the Kremlin. Then, even as now, we find sundry British departments at variance with each other and reports from agents in the field pigeonholed because they failed to conform with opinion in the home office.

He leaves us and Russia in October 1918 just after his 31st birthday, his career as a diplomat ended by his volte-face, to be castigated by both England and Russia. His knowledge, at that time unique, of a complicated situation was allowed to rust. There is a faint cry for vindication throughout the book but Bruce Lockhart admits of a weakness of the flesh and a lack of moral courage in a crucial moment. Withal, British Agent is a graphic contribution to history.

-- Reviewed by Gordon B. Stone

BAMBI, Felix Salten

Bambi is written with the simplicity of style and subject matter that is usually found in a child's book, but it is by no means adolescent. A truly beautiful story, it is cleverly expressed through an unusual literary technique. The author, through Bambi, a young stag, shows man's relationship to animal. Man is presented as God -- and the awesome fearfulness of his presence becomes very real as seen through the eyes of the forest. The animals speak with human words in normal conversation, and the effect is natural and interesting. The story is at all times very real.

Bambi's first sight of man, who is known as Him, shows how easily the author makes the perceptions of man and animal interchangeable:

"On the edge of a clearing, by a tall hazel bush, a creature was standing. Bambi had never seen such a creature before. At the same time the air brought him a scent such as he had never smelled in his life. It was a strange smell, heavy and acrid. It excited him to a point of madness.

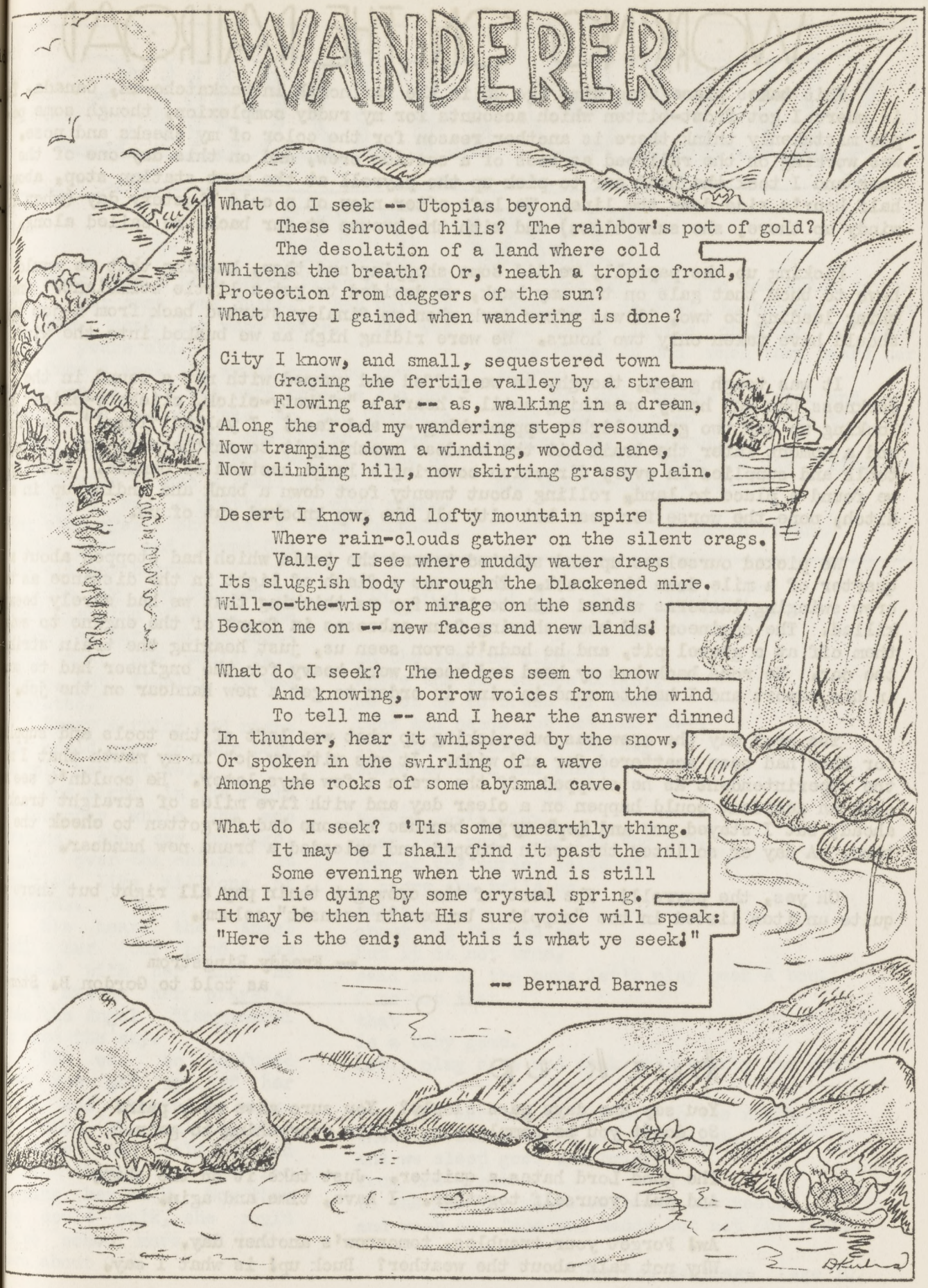
"Bambi stared at the creature. It stood remarkably erect. It was extremely thin and had a pale face, extremely bare around the nose and eyes. A kind of dread emanated from that face, a cold terror. That face had a tremendous power over him. It was unbearably painful to look at that face and yet Bambi stared fixedly at it. For a long time the creature stood without moving. Then it stretched out a leg (a gun) from high up near its face. Bambi had not even noticed that there was one there. But as that terrible leg was reaching out into the air, Bambi was swept away by the mere gesture."

Later his mother asks, "Did you see him?" Bambi can only nod. "That was he," she says, and they both shudder.

Bambi is surely an inspired story and cannot be compared in any way to other books. One feels that the author had a deep love and sympathy for animals and a tremendous understanding of human nature. The story is fresh and intelligent and should have an universal appeal.

-- Reviewed by Norma Johnson

WANDERER



What do I seek -- Utopias beyond
These shrouded hills? The rainbow's pot of gold?
The desolation of a land where cold
Whitens the breath? Or, 'neath a tropic frond,
Protection from daggers of the sun?
What have I gained when wandering is done?

City I know, and small, sequestered town
Gracing the fertile valley by a stream
Flowing afar -- as, walking in a dream,
Along the road my wandering steps resound,
Now tramping down a winding, wooded lane,
Now climbing hill, now skirting grassy plain.

Desert I know, and lofty mountain spire
Where rain-clouds gather on the silent crags.
Valley I see where muddy water drags
Its sluggish body through the blackened mire.
Will-o-the-wisp or mirage on the sands
Beckon me on -- new faces and new lands!

What do I seek? The hedges seem to know
And knowing, borrow voices from the wind
To tell me -- and I hear the answer dinned
In thunder, hear it whispered by the snow,
Or spoken in the swirling of a wave
Among the rocks of some abysmal cave.

What do I seek? 'Tis some unearthly thing.
It may be I shall find it past the hill
Some evening when the wind is still
And I lie dying by some crystal spring.
It may be then that His sure voice will speak:
"Here is the end; and this is what ye seek!"

-- Bernard Barnes

WORKING ON THE RAILROAD

This takes place some time ago up in the far north in Saskatchewan, Canada. That is where I got frost-bitten which accounts for my ruddy complexion, though some people mistakenly think there is another reason for the color of my cheeks and nose. I was working on the railroad as boss of a section crew, and on this day one of the gang and I took the hand car to pick up the payroll at the next station stop, about a half hour's ride down the line. We left after noon on a cold blustery day (when it's windy up there, she sure blows) and with the breeze at our backs we sailed along.

Picking up the payroll, we did some shopping and then, knowing that we would have to buck that gale on the way back, we decided to get a little stimulant. One thing leading to two, it was after dark when we finally started back from a job that should have taken only two hours. We were riding high as we bucked into the wind.

It was tough going, though, as we puffed and pumped with not a sound in the darkness but our heavy breathing until I heard a "clikety-click, clickety-click" and looking up saw two green lights approaching -- and fast! I yelled "Yump!" We jumped and a moment later the train hit the handcar smashing it to smithereens and strewing tools and supplies in every direction covering a large section of Canada. Luckily, we found a place to land, rolling about twenty feet down a bank and ending up in a ditch, none the worse for wear but with all the pep knocked out of us.

We picked ourselves up and started toward the train which had stopped about a quarter of a mile down the track. There was a flash of light in the distance as the crew swinging lanterns walked back to look for us thinking that we had surely been killed. The engineer had been shoving four cabooses in front of the engine to switch them off at a gravel pit, and he hadn't even seen us, just hearing the train strike the car. We rode back but my head and heart were heavy for the engineer had to send in his report and I had to send in mine in order to get a new handcar on the job.

The next day the crew was out picking up what was left of the tools and supplies for they had been scattered far and wide. It was with my job in my mouth that I met the superintendent as he stepped off the train a few days later. He couldn't see how such an accident could happen on a clear day and with five miles of straight track ahead, but I stayed mum and kept my job because someone had forgotten to check the time. A day or so later the train stopped and unloaded a brand new handcar.

Oh yes, the payroll! The rest of the crew got their pay all right but there was quite an item listed in the "supplies broken in transit" column.

-- Freddy Ringstrom
as told to Gordon B. Stone

---

buck up

You say the days pass slowly? You sure give me a pain!
So don't you be complainin, you've everything to gain.

The good Lord hates a quitter. Just take it on the chin,
And pull yourself together. I have, time and agin.

Aw! Forget your troubles, tomorrow's another day.
Why not talk about the weather? Buck up! is what I say.

-- Johnny Strager McDaniel

CHILD'S CORNER

SAINT SUSAN

Once upon a time there lived a little girl. Her name was Susan. Her parents had been dead for many years. She was twelve years old.

Once a week she would go into town to go to school. It was hard because she was lame. The school was an old Catholic school and had only one Sister to teach the children but there wasn't many of them because it was a small town.

Susan was a pretty girl with sparkling blue eyes. She was a very faithful little girl and loved God with all her heart.

One day she decided to build a shrine of wood. She worked so hard on it sometimes that she would fall asleep, but finally it was completed.

Every morning and night she would pray to Our Lord to help her get well.

One night in the month of December while she was praying, she saw an Angel appear over the shrine. It sparkled like millions of diamonds.

She heard the Angel tell her Our Lord was pleased with her and He would answer her prayers. Then the Angel disappeared up into the sky.

She was so confused that she got up off her knees and started to walk. Just then she realized what the Angel had told her and prayed thanks to God for helping her walk. Now that she could walk, she could go to school more and learn more about God.

One day when she was about seventeen, she decided to become a Sister and teach little children to have more faith in God when they heard her story.

So she became a Sister and carried out her plan and lived till she helped many children.

She died when she was fifty-one and was declared a Saint.

-- Levon Flynn

FROM THE MORNING

I

In the morning light
where the sun shines bright,
we get up to brush our teeth
face and hands but not our feet,
from the morning to the day
where we talk and play.

II

But we can't play
when it's rest hour for the day.
One of the nurses tells us
a story she tells us
tales
about big fat whales.
But it is not true,
said one of the boys let's play peek a boo.
O no not that
that
is a baby game.
Let's play hide and seek it's nearly the same.

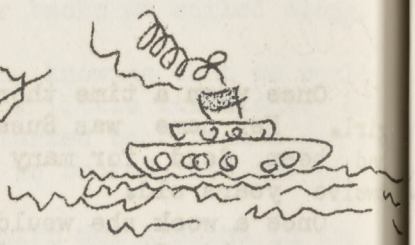
III

From the morning to the day to the night
when the nurse turns off the light,
and we sleep good and bright
from the night
to the morning where we brush our teeth
and wash our face and hands but not our feet.

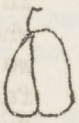
-- Charles Santiago (age 10)

MY WORK DIARY

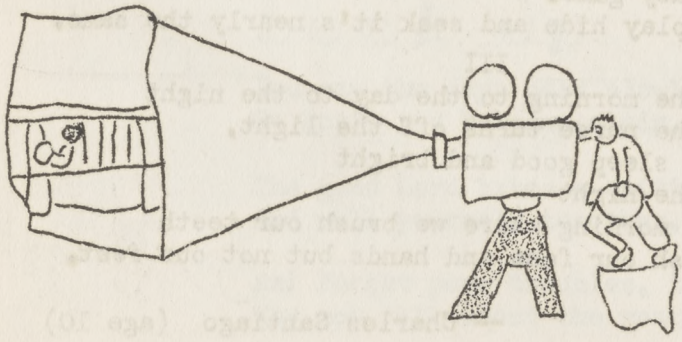
Today I rowed the boat I made
Today is Miss Weatherly day
Off



Today Kitty Jimmy with a Shirley
Doll I had apricots for
the first time in the Hospital
and it was good



Thursday
The visitors came at 2 PM
and staped till 3:PM There was a moving
picture over at the girls side last night
and it was a good one and visitors come
to visit the Hospital.



TODAY IS SUNDAY VISITORS
CAME MRS HE ICE MAN HAD TO WORK
DOWNSTAIRS

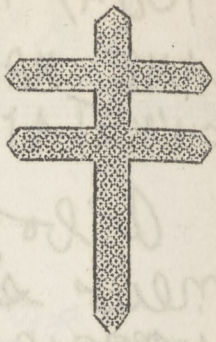
A boy Ofourd for a
new stamp look and ~~[illegible]~~ some
stamps or Shaper came today

We ~~[illegible]~~ else
wlglied today
some Gained some lost
some stays a
the same The boys told
stories at 6.30 Oclock

BILLY SPELLMAN WENT ~~[illegible]~~
HOME TODAY WE HAD A NEW
TEACHER TODAY

KAI
WONG

The CLARION



THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

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The CLARION

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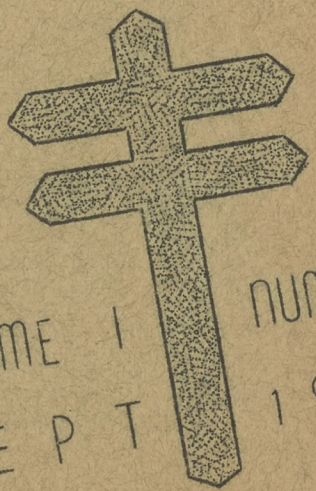


VOLUME 1 NUMBER 8
SEPT 1940

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

VOLUME 1 — SEPTEMBER 1940 — NUMBER 8

THE ECONOMICS OF TUBERCULOSIS

By E. A. SCHAPER, M. D.

From Hippocrates to Koch and from Koch to the present time 99 per cent of the emphasis in any discussion of the tuberculosis problem has been laid upon the death rate and the humanitarian side generally. I believe the time has now come when a new and more effective method of attack should be used. Death rates and humanitarianism no longer impress our state legislators and county supervisorial boards. Per capita costs, annual budgets and high tax rates do, however, not only interest the men who run our governments but the average tax payer as well.

It costs San Francisco $600,000.00 a year to care for the 600 cases of tuberculosis in the San Francisco Hospital and the Hassler Health Home. It is estimated that each new case of tuberculosis costs the community $4,000.00 when all the expense connected with the case is considered, which includes such items as case finding, loss of patient's time, care of his dependents, relief, follow-up rehabilitation, etc. Last year 750 cases were admitted to the San Francisco Hospital. The year before the number was practically the same. Therefore it is safe to say that our tuberculosis problem is costing this community $4,000.00 x 750 or $3,000,000.00 each year. It takes $75,000.00 to raise the tax rate one cent. If we had no tuberculosis problem in San Francisco we could knock 40 cents off the present tax rate.

Up to the present time 90 per cent of the patients entering the San Francisco Hospital are in the advanced stages. Ten per cent are in the incipient, early or minimal stage. It costs $2,000.00 worth of hospital care to handle an advanced case and one half that for a minimal case.

There are at least one hundred cases continuously in the San Francisco Hospital who are known as "chronics" because they go on for years practically stationary. They look normal and feel quite well but continue to have a positive sputum and therefore are not well enough to go out and mingle with well people. These cases cost the city $3.50 per day to care for them in the city hospital and $3.00 per day at the Hassler Health Home. A convalescent camp could be provided for these cases for less than $1,000.00 a bed in a suitable location, and in much more nearly ideal quarters, where they could be cared for better than at present at one third of the cost, and could enjoy greater privacy, rest and quiet with a minimum of supervision. On one hundred cases alone $90,000.00 a year could be saved on their care.

This money could provide us with the machinery for carrying on a case finding campaign in San Francisco which in five years would enable us to find 90 per cent of

our cases in the minimal stage instead of in the advanced stages as at present. Thus in addition to saving us $90,000.00 a year for the care of the "chronics" it would cut $300,000.00 a year from the cost of treating our hospital cases or a saving of $400,000.00 a year and would no doubt in ten years result in the almost complete eradication of tuberculosis in San Francisco.

Twenty years ago such statements as I have made here would have been considered idle dreams but now we all know that it is within the realm of possibility and practicability to do what I have said.

It will require some education of the general public and our public officials. A definite, concrete plan is needed and someone with vision and imagination as well as the enthusiasm and perseverance necessary to put the idea over, for it is simple, reasonable, practical and above all economical. It will save our tax payers money and will make our city an outstanding example to the rest of the world from the standpoint of an all-inclusive tuberculosis program, especially if we include a suitable rehabilitation scheme to go with this in the beginning.

The best part of the whole plan, however, is that we can proceed at once to carry it out without spending one cent more on tuberculosis than we are doing at present. I hope these suggestions will be given very serious consideration by the patients, the general public and our state and county officials.

———— O ————

ACCOLADE

It is with regret that we announce the resignation of Eddie Shimano as editor of The CLARION. Since this magazine was only the very beginning of an idea, about one year ago, he has been untiring in his efforts to bring it whatever success it now enjoys. From cover design to back cover each issue has represented his careful planning and editorial judgement. His insistence upon near perfection in every detail gave it the technical excellence that it possessed. Despite discouragements Eddie has always kept "plugging".

Katherine Morton who has been associated with every step of The CLARION's development has also found it necessary to sever active connection with the publication of this magazine. She, too, has been tireless even though, at times, working under great difficulty.

It is with trepidation that we take over the reins that they have found it necessary to relinquish. For whatever we may have learned as to what constitutes a good sanatorium magazine and how it should be put together we owe thanks to our former editor.

A great deal more might be said in praise but rather than risk saying too much we would prefer to say too little. The CLARION to date should be sufficient evidence of their good work.

COLLAPSE THERAPY

By HAROLD BRUNN, M.D.

You have been advised in previous articles concerning the value of putting the lung to rest when the lung has become infected by the tubercle bacillus. I am sure too, you know how this rest is accomplished, not only by the patient himself resting in bed but by actually putting the involved lung to rest. We speak of this latter type of rest as compression treatment or compression therapy.

Besides pneumothorax and the permanent type of compression obtained by thoracoplasty, doctors have other methods of completely or incompletely compressing a diseased lung so that it will heal.

The two common methods of obtaining compression of the lung, other than pneumothorax or thoracoplasty, are extra-pleural pneumothorax and interruption of the nerve impulses traveling along the phrenic nerve to the diaphragm. I will speak of extra-pleural pneumothorax first.

There are occasions when the membrane overlying the lung becomes inflamed at the same time that the lung is involved. This inflamation spreads to the membrane lining the inner surface of the rib cage and there results a binding together of these two membranous surfaces. When this occurs we say the lung has become adherent to the chest wall and the space between the lung and the chest wall is no longer present but becomes obliterated. This space between the two membranous surfaces is called the pleural space and it is into this space, or cavity, that air is injected when a pneumothorax is given. When the pleural cavity becomes obliterated due to this inflammation involving the two membranous surfaces, air can no longer be injected because the two surfaces are bound tightly together. When such is the case - and yet a portion of the lung requires rest - and when we speak of rest we know this is obtained by compressing the lung - extra-pleural pneumothorax can often be carried out and a similar result will be obtained, just as if the patient were receiving the usual pneumothorax.

To develop this extra-pleural space it is necessary for the surgeon to remove a small portion of one rib, under local anesthesia (usually the fourth rib); by so doing the surgeon is able to actually visualize the potential space lying just beneath the rib cage. Since the two membranous surfaces have adhered to one another the surgeon develops the space between the ribs and the two adherent pleural surfaces. This space is gradually enlarged by gently pushing the membranous lining away from the overlying ribs. If conditions are favorable, often times the entire upper lobe of the lung can be completely compressed by this method. Once the extra-pleural space is developed, refills of air are required just as in pneumothorax. These refills are more frequent in the beginning than in pneumothorax but gradually the air is absorbed more slowly so that in time the refills are required no more frequently than when air is put into the pleural cavity.

There are times when the surgeon attempts to develop the extra-pleural space but finds that the membranous pleura has become so firmly attached to the ribs that one cannot be separated from the other. Whenever this condition is encountered the extra pleural operation is abandoned and a more permanent type of compression is carried out, such as thoracoplasty.

We will now turn our attention to the interruption of the nerve impulses travelling along the phrenic nerve, and see why this relatively simple procedure can do so

much in putting the lung to rest. Many of you know that the diaphragm is a very important muscle of respiration. This diaphragmatic muscle is a very strong dome shaped structure which separates the lungs from the abdominal organs and moves up and down with expiration and inspiration respectively. It is important to respiration because in its descent the diaphragm helps the lung expand and in its ascent the diaphragm helps the lung collapse, hence by its up and down motion the diaphragm brings air into the lungs and then pushes it out of the lungs in its upward stroke.

The phrenic nerve carries the impulses which cause the diaphragmatic muscle to expand and contract. This nerve arises in the neck and travels all the way down thru the chest cavity until it reaches the diaphragm. Fortunately the nerve can be exposed in the neck through a small incision and the operation requires but a short time and is usually done under local anesthesia.

You all are now probably asking yourselves the question, how can interruption of the phrenic nerve put the lung to rest? It has been known for a long time that the diaphragmatic muscle takes the high position that it assumes in expiration when the phrenic nerve is interrupted, the difference after phrenic nerve interruption being that the diaphragm no longer descends but remains fixed in the high position of expiration. The result obtained is that the lung now is no longer expanded by the downward movement of the diaphragm so the lung is able to collapse partially and hence is put in a state of rest by this simple procedure.

Several years ago surgeons were in the habit of completely removing the phrenic nerve but now-a-days we simply crush the nerve and there results a temporary paralysis of the diaphragm. This paralysis has a duration of six months usually, and this is often sufficient time for the diseased lung to heal completely. If a longer period of rest is necessary, once again the phrenic nerve can be crushed and another six month period of diaphragmatic paralysis results. When healing in the lung has become complete the patient breathes normally on both sides of the chest and no permanent interference with respiration has resulted.

As you might expect, paralysis of the phrenic nerve is more effective in healing a diseased lower lobe of the lung than an upper lobe. This is explained by the fact that the lower lobe is compressed more than the upper lobe because the lower lobe is located just above the diaphragmatic muscle. We have spoken now of the four common types of compression treatments of the lung and I will repeat them so that the doctor will not give you such a big dose of information that it will choke you!

These four types were - (1) pneumothorax, (2) thoracoplasty, (3) extra-pleural pneumothorax and (4) paralysis of the phrenic nerve. There are other methods of compression but they are not employed as frequently as the four just mentioned. I will briefly mention a few of the less common methods so that the subject of compression treatment will be more or less completely covered.

Oleo-thorax is sometimes employed to supplement an already existing pneumothorax. As its name implies, oleo-thorax means oil in the thoracic cavity. The only difference between pneumothorax and oleo-thorax is that oil is used in place of air. Simple mineral oil or vegetable salad oil is the type of oil used. Of course it is sterilized before it is put in the chest cavity.

There are occasions when a patient tends to absorb the pneumothorax before the lung has completely healed. By replacing the air with oil the pleural space is maintained because the oil is very, very slowly absorbed and hence the desired compression of the lung can be maintained for an indefinite period. Refills of the oil are only necessary at long intervals, usually about once a year. All doctors prefer a pneumothroax to an oleo-thorax but sometimes we are force to use the oil for the reason already given.

Another method of compression, which is chiefly of historical interest, is that method which the German physicians call plumbierung. Plumbierung means the development of an extra-pleural pocket by the same manner as in extra-pleural pneumothorax except rather than keeping this pocket open with air, the pocket is filled with paraffine. Plumbierung is German for plum and hence the word means a paraffine plum. This type of compression produces a permanent collapse of the underlying lung and has been used rather extensively in Germany but American doctors prefer thoracoplasty to plumbierung.

This brief resume has not covered all the forms of compression treatment of tuberculosis of the lungs, but it has given you the chief methods and the fundamental reasons for their use. The medical profession is constantly studying and perfecting new and better means to produce compression of lungs diseased by the tubercle bacillus, for it is by compression that the lung is given a rest and allowed to heal. It is the physician's desire to cure his patients so that they can more fully enjoy the pleasant things of our life here upon this earth.

Harold Brunn, M.D.

Doctor Harold Brunn was born in 1874. He graduated from the Philadelphia School of Medicine in Pennsylvania in 1895. Doctor Brunn is a member of the American Board of Surgery, The American Surgical Association, The Pacific Surgical Association, The American College of Surgery and The American Association of Thoracic Surgery. He is Clinical Professor of Surgery at the University of California Medical School and Chief of the California Surgical Service at the San Francisco Hospital. He has written numerous articles on various phases of surgery.

RADIO TALKS

September 6	Introduction to Talks	E. A. Schaper, M.D.
September 13	History of Tuberculosis	Kazumi Kasuga, M.D.
September 20	The Cause of Tuberculosis and Portals of Entry	Morton Gibbons, M.D.
September 27	The Significance of Dreams	J. M. Wolfsohn, M.D.
October 4	Tuberculosis and the Seven Ages of Man	A. Piscitelli, M.D.
October 11	What I Should Know About the Life and Habits of the Tubercle Bacillus	Max Marshall, M.D.
October 18	Leprosy and Tuberculosis - Their Similarities and Differences	W. R. P. Clark, M.D.

STATION KSFH FRIDAYS 1:30 PM

BACK TO SCHOOL

If you have ever read Albert E. Wiggam's "Marks of an Educated Man" you may remember the story of Old John Crosby. An old man who could still learn.

Farmer John was the ace farmer of the county. He always won the top prizes at the County Fair. If he planted corn everybody else planted corn. He scorned "scientific fellers", as he called them, "who write pieces for the agricultural papers". He knew that you couldn't teach farming in a college - that experience was the only teacher. His son, young John, had different ideas and finally managed a short course at the State College. The following fall he produced ninety bushels per acre to his father's seventy-five. The day after the crops were in Old John was found packing his suitcase. When questioned he said, "Oh, I'm going to college."

And therein lies a lesson for all of us. We are, in a manner of speaking, back at college. We've had Farmer Crosby's experience, which is all to the good, but the experience isn't enough. We've lived our years on the outside very much as we pleased, except for the necessity of making a living and trying to keep within the law. Most of us have paid as little attention as possible to health and its importance. We've wasted fuel and done all manner of things that now strike us as foolish.

In all likelihood we've congratulated ourselves on our ability to do our own thinking instead of realizing that the time comes when our thinking must be done for us. Haven't we all, at some time, prescribed for our own aches and pains - something that might become serious - when it would have been cheaper in time and money to let an expert do our thinking? Of course we don't want to be hypochondriacs or chronic complainers. But we would not think of taking our automobile on a long hard trip without being sure of its mechanical perfection and without being sure that it was properly fueled and lubricated. Knowing that in an automobile every part can be replaced we still take these precautions. Why shouldn't we be equally as careful of the body for which we can buy no spare parts?

Here in the San Francisco Hospital and at Hassler we have a faculty of doctors and nurses. They have the years of experience coupled with the necessary theoretical knowledge. They're "scientific fellers". If we fail in any of the prescribed and required courses, we either repeat the course or take just that much longer to graduate into the outside world. With the guidance that can be given us, along with surgical and mechanical aids, we can finish the course "cum laude" or at the foot of the class.

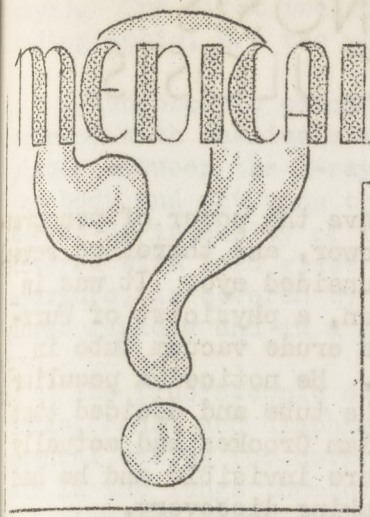
Each day should bring to us recognition of new facts, new theories. Each day should show us old supposed facts that must be discarded. We must watch the mistakes of others and analize our own errors making all an addition to our own knowledge. There can be profit in mistakes if we have the judgement to recognize them as such.

How well we use the tools that are provided us depends entirely upon ourselves. The sooner we recognize the value of the tools the better.

Dr. William Mayo is credited with saying, "It is not surgery that kills people, but delayed surgery." Most of us stay away from the doctor, the scientific man, because we're afraid he <u>will</u> find something wrong with us. We refuse to face reality, we refuse to be John Crosbys and supplement our experience with sound and proven theories - the tools that bring health and happiness.

— H. H.

MEDICAL INFORMATION, PLEASE



Q. - Can pleurisy be developed from drafts?
A. - If sufficient chilling of the surface takes place there is lowered resistance of the tissues and a pleurisy may develope. This is rare but it does happen.

Q. - What are proliferative changes in the lung?
A. - Those due to the formation of scar tissue.

Q. - Does quiescent ever mean arrested?
A. - If a lesion becomes quiescent over a sufficient period of time, it is considered arrested.

Q. - What causes fluid and how does it affect a patient? What causes it to become purulent?
A. - Generally pleurisy - sometimes on a tuberculous basis and sometimes as a reaction to a foreign body; sometimes due to irritation from an adhesion. It is purulent when infected from without (such as tapping) or when a bronchial fistula is present. Also bacteria (infection) may penetrate from the lung into the pleural fluid.

Q. - How soon does a cavity close after a thoracoplasty?
A. - The cavity walls may become approximated in a few weeks but healing may require months.

Q. - What causes a spontaneous collapse?
A. - When the vacuum in the pleura is reduced to atmospheric pressure or a positive pressure the elastic pull in the lung reduces it to a very small size. This is generally the result of a tear in the visceral pleura covering the lung and this allows air to escape into the pleural cavity causing the above collapse.

Q. - If a lung fails to expand after pneumothorax is discontinued what can be done to re-inflate the lung? Is the same procedure indicated in case of a spontaneous collapse?
A. - The lung fails to expand because the pleura has become very thick or scar tissue has developed in the lung, reducing its size. The irrigation of the pleural cavity with oxygen sometimes helps to expand such a lung. Generally with the absorption of the air in the pneumothorax the heart and mediastinum are drawn toward that side. If the failure to expand is due to occlusion of the bronchus, bronchoscopy may relieve the tension and help the lung to expand. If the tear in the visceral pleura heals, the lung will generally expand without difficulty. If the tear is small, salt solution put into the pleural cavity tends to help the tear heal. If large, other operations may be necessary, such as an operation on the lung.

Q. - What does a sedimentation test decide in tuberculosis?
A. - Theoretically it decides when a destruction process ceases.

Q. - What is a cold abscess?
A. - An abscess in which tubercle bacilli and not other germs are present.

((Questions answered by Philip H. Pierson, M.D., Chief of Stanford Service.))

X-RAY IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS

By L. H. GARLAND, M.D.

The ordinary light ray, as you all know, does not have the power of penetrating opaque substances. The X-ray does have that power, and therefore reveals to us many of nature's processes invisible to the unaided eye. It was in 1895 that X-rays were discovered by Wilhelm Roentgen, a physicist of Wurzberg in Germany. Roentgen was experimenting with a crude vacuum tube in which high tension electric discharges were being released. He noticed a peculiar haze emanating from some fluorescent crystals lying near the tube and decided that invisible rays were being given off by the tube. Sir William Crookes had actually produced these rays twenty years earlier, but since they were invisible and he had no fluorescent screen handy he did not realize his epoch making discovery.

Within a short time of Roentgen's discovery it was found that human flesh was almost transparent to the rays, but that human bone blocked them almost as effectively as metal. By using sensitized photographic plates a record or radiograph of the bones of the body could be made. Within a few months the medical profession all over the world commenced investigating the uses of these rays (now called either X-rays or Roentgen rays), and found that while they gave much valuable information they could also, if not properly shielded, cause much harm. Fingers, hands and even lives of physicians were sacrificed before the full powers of these rays were understood. Even today in the hands of careless or untrained workers there is considerable danger in their use. Information on this subject can be obtained from physicians who have specialized in X-ray work (that is, M.D.'s who have taken post-graduate work in radiology -- called radiologists or X-ray specialists).

In diseases affecting the lungs, such as pneumonia and tuberculosis, the X-ray has been of tremendous help to you and your physician. This help has been greatly needed in tuberculosis since early tuberculosis of the lungs can usually be determined only by X-ray examination. It is not the X-ray film that "discovers" the disease; it is your physician or X-ray specialist who discovers it by his interpretation of the film and fluoroscopic findings. The film itself is merely inanimate celluloid; worse, it is subject to misinterpretation if read by an amateur and may become a source of serious misinformation.

There are four principal kinds of X-ray examination of the chest: fluoroscopic examination, ordinary radiographic examination, cine-radiographic

L. H. Garland, M.D.

Born in Dublin, Ireland, March 30, 1903.
Graduated in medicine at University College, Dublin, Ireland, in 1924.
Post-graduate studies in London, England, 1925, and in San Francisco at Stanford University Medical School in 1926-27.
Visited numerous outstanding X-ray departments and clinics in the United States, Canada and Europe in 1927 and again in 1932.
On the teaching staff at Stanford University Hospital since 1928, present position: Assistant Clinical Professor of Medicine (Radiology).
Diplomate of the American Board of Radiology.
Member of the Radiological Society of North America.
Member of the American Roentgen Ray Society.
Past Acting-President of the American College of Radiology (1938-39).
Author of miscellaneous medical articles.
At present time Chairman of the Publication Committee of the Radiological Society of North America.
Secretary of the San Francisco County Medical Society.

examination (or X-ray movies) and special fluorographic examination (for large surveys). The first two mentioned examinations, the fluoroscopic and the ordinary radiographic, are the most frequently used.

Fluoroscopic examination involves the use of a fluorescent screen or cardboard covered with chemicals which fluoresce, such as calcium tungstate. With the patient placed between the X-ray tube and the fluoroscopic screen, the X-rays pass through the body and act upon the chemicals of the screen causing them to fluoresce to the degree of intensity of the rays when they reach the screen. The X-ray screen is covered with lead glass to protect your physician. The X-ray tube, all but a small aperture, is covered by lead glass or metallic lead to protect you. The physician works rapidly and in a dim light to cause the least possible exposure of your skin.

The fluoroscopic examination is used chiefly to study the movements of the lungs, heart and diaphragm, the movements of any fluid that may be present in the pleural cavity (or covering sack of the lungs), and the behavior of any pockets of air in the lungs themselves or in the surrounding pleural sack. The fluoroscope doe not give any permanent image, and does not permit appreciation of fine detail, such as is necessary to detect early pulmonary tuberculosis. Careful studies have disclosed that from twenty to thirty-five percent of small or early pulmonary disorders are missed by the fluoroscope alone, being revealed by subsequent radiographs or X-ray films. Nevertheless, the proper X-ray examination of the lungs involves both procedures, fluoroscopic examination and radiographic examination followed by interpretation of the findings by a physician skilled in X-ray diagnosis.

Radiographic examination (or X-ray film examination) of the lungs involves the use of from one to five X-ray films at any given examination, depending on the condition of the chest at the time of examination and the information which your physician needs. When an X-ray examination is requested the physicians in the X-ray department are notified. These doctors in the X-ray department examine about one hundred new cases of various kinds every day (and also treat about twenty-five cases a day, since X-rays are also used for the treatment of certain conditions). It is therefore a busy department and it may be twenty-four hours before your case can be taken. When a room is vacant an orderly or helper is requested to bring you to the department, and either a single frontal film or frontal and lateral films of the lungs are made. It takes about seven minutes to develop and view these films to see if they are satisfactory. At the time that your films are being processed in the developing or dark room there are between sixty and one hundred other films being developed. Therefore it may take as long as fifteen minutes for the technician to make sure that your films are technically satisfactory.

If there should be dense areas in your lungs which require over-penetration or dark films for their study, if you should need opaque oil injected into your pleural cavity, if you should need special films made lying on one side and then the other, such will naturally take a longer time. When handling very ill or weak patients it may take an hour to get the patient into satisfactory positions and make required radiographs.

Following your X-ray examination, and after you have left the office or department, the films are rinsed for thirty minutes, dried for about one hour and the rough corners trimmed off. They are then placed in a paper envelope bearing your number. This is then brought to the X-ray viewing room and placed together with any other envelopes available on your case. The series are then studied and a report of the finding is dictated. In a significant number of cases the radiologist will consult with your chest specialist or with one of the senior visiting X-ray specialists in order to derive the maximum possible information from the X-ray examination.

Your X-ray report is typed in triplicate, proofed and indexed. The original

copy is sent for insertion into your chart or record, the first carbon is pasted on the brown paper envelope holding the X-ray films and the third copy or card is filed in the X-ray department.

The entire procedure of a routine X-ray examination must therefore take at leas forty-eight hours from its inception to its completion, and in special or difficult cases may take as long as four days. It is the interpretation of your examination that is important, not the pieces of celluloid. For this interpretation to be of value to you, it must be made by a trained physician.

X-ray movies are of limited use. They are very costly to make and cause large amounts of X-ray exposure to your skin. Surveys on thirty-five mm. film made with small cameras of a Leica type, but with a special, very fast lens, are of increasing value. At the present time the equipment is relatively costly and the final product on small film only of value for diagnosing extensive or advanced lesions. (Since this paper was written, 35 mm. film is being largely supplanted by 4 x 5 inch films which gives much more satisfactory results. E.A.S.)

The cost of an X-ray installation which will permit your physician to examine all kinds of pulmonary tuberculosis cases is approximately $12,000. The cost of the films is the least part of the test. Depreciation on equipment, replacement of X-ra tubes, salaries of orderlies, technicians, stenographers and clerks, all of whom are essential, make the method expensive compared to the old way of listening with a stethoscope or tapping with a pair of fingers. However, the fact that cases can be detected in early and curable stages, and that many advanced cases can be aided more than offsets the cost. Proof of progress lies in the fact that the death rate from tuberculosis has been cut more than half in the last twenty years.

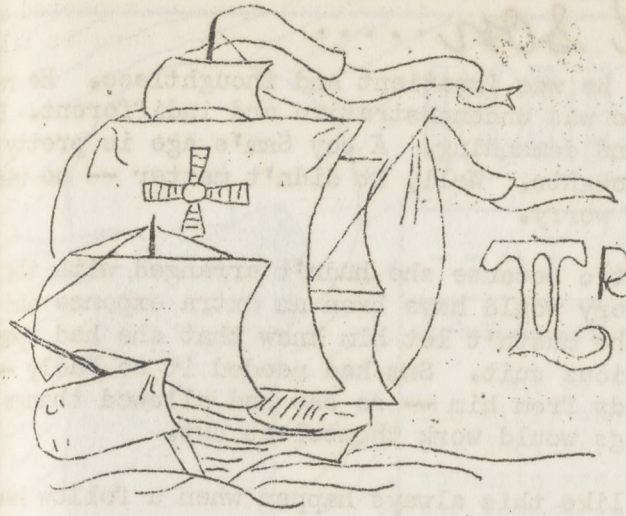
—— O ——

COMMENT ON HAPPINESS

We live in an ascending scale when we live happily, one thing leading to anothe in an endless series. There is always a new horizon for onward-looking men, and although we dwell on a small planet, immersed in petty business and not enduring beyon a brief period of years, we are so constituted that our hopes are inaccessible, like stars, and the term of hoping is prolonged until the term of life. To be truly happ is a question of how we begin and not how we end, of what we want and not of what we have. An aspiration is a joy forever, a possession as solid as a landed estate, a fortune which we can never exhaust and which gives us year by year a revenue of pleasurable activity. To have many of these is to be spiritually rich. Life is onl a very dull and ill-directed theatre unless we have some interests in the piece; and to those who have neither art nor science, the world is a mere arrangement of colours, or a rough footway where they may very well break their shins. It is in virtu of his own desires and curiosities that any man continues to exist with even patience, that he is charmed by the look of things and people, and that he wakens every morning with a renewed appetite for work and pleasure.

A strange picture we make on our way to our chimaeras, ceaselessly marching, grudging ourselves the time for rest; indefatigable, adventurous pioneers. It is true that we shall never reach the goal; it is even more than probable that there is no such place; and if we lived for centuries and were endowed with the powers of a god, we should find ourselves not much nearer what we wanted at the end. O toiling hands of mortals! O unwearied feet, travelling ye know not whither! Soon, soon, it seems to you, you must come forth on some conspicuous hilltop, and but a little way further, against the setting sun, descry the spires of El Dorado. Little do ye know your own blessedness; for to travel hopefully is a better thing than to arrive.

-- From "El Dorado" by R. L. Stevenson



TREASURE CHEST

What ancient smithy forged these iron bands?
And wrought these bolts now covered o'er with rust?
What swarthy pirate, long returned to dust,
Drew back this lid with salt-encrusted hands?

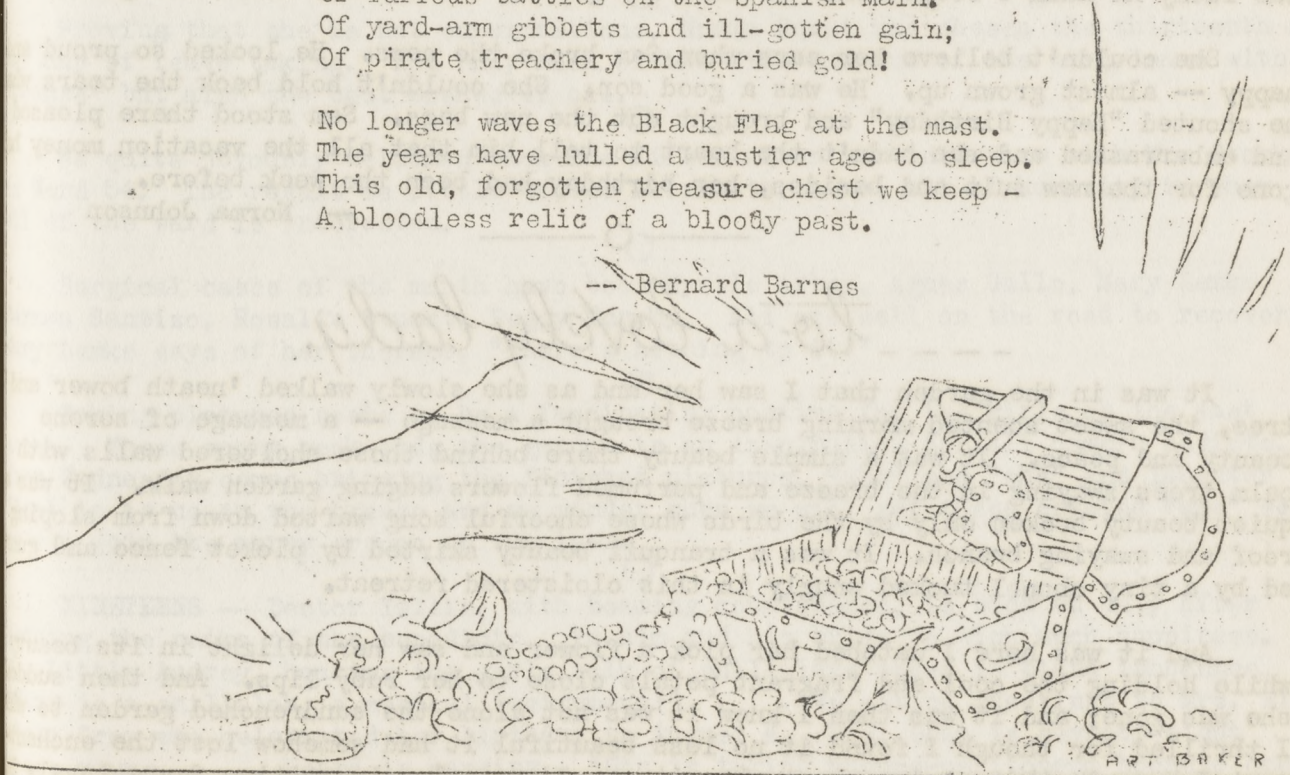
Did this chest hold the booty Hawkins won
Among the bloody Brotherhood of the Coast?
Or was it Drake's, or Kidds', or Morgan's boast -
In ravished town - on bleeding galleon?

And on what isle, asweep with tropic gales -
In what far, hidden cove has this chest lain?
Beside what sun-bleached skeletons of the slain -
Mute evidence that "Dead men tell no tales"?

O, memories of ships; and stories told
Of furious battles on the Spanish Main!
Of yard-arm gibbets and ill-gotten gain;
Of pirate treachery and buried gold!

No longer waves the Black Flag at the mast.
The years have lulled a lustier age to sleep.
This old, forgotten treasure chest we keep -
A bloodless relic of a bloody past.

-- Bernard Barnes



A good son.....

Sam was a good boy and a good son but he was impatient and thoughtless. He really loved her, she didn't doubt that, but he was undemonstrative and indifferent. He had fallen into the habit of complaining and demanding. A boy Sam's age is pretty wrapped up in his own world and his own thoughts. Well, it didn't matter -- he was a good son and caused her no real trouble or worry.

There he was now, scowling and sarcastic because she hadn't arranged with the tailor to deliver his new suit. The delivery would have been an extra expense and every penny was so important right now. She mustn't let him know that she had spent the money for their vacation for that precious suit. Sam had needed it so badly -- and she wanted to hide their financial needs from him -- so she had allowed things to drift along quite as usual. Maybe things would work themselves out.

Sam slammed out of the room. Things like this always happen when a fellow has an important date -- here he was with no decent suit and an appointment with C. M. Reirdon of the Reirdon Radio Supplies Company to demonstrate that little idea he had been fooling around with. They could stand a bit of luck. Things weren't going so well at home -- he could tell by Mom's face although she never said anything.

Sam was a little bewildered by his success. A cash sale, royalty rights, and a job with time for experimental work in the laboratory. Maybe it paid to be selfish. He knew that Mom had been hard pressed to buy him all his supplies, but how could he have done what he did without them. He guessed he'd have to make a point of being a little nicer to her. She was pretty swell, but a guy gets busy and forgets.

He passed a luggage shop and turned back. Just the thing for Mom with that vacation trip coming up soon. Even though they only went for a week to the country and took the cheapest quarters, still Mom would enjoy a little swank. Things were looking up and this would be the last vacation of its kind. He'd make it the best and most beautiful luggage that he could buy. Say, Mom had a birthday coming, too. It was lucky he hadn't forgotten. Mothers are pretty sentimental about things like that.

She couldn't believe her ears when Sam broke the news. He looked so proud and happy -- almost grown up. He was a good son. She couldn't hold back the tears when he shouted "Happy Birthday" and brought out the new bags. Sam stood there pleased and embarrassed and she hadn't the heart to tell him that all the vacation money had gone for the new suit and besides, her birthday had been the week before.

-- Norma Johnson

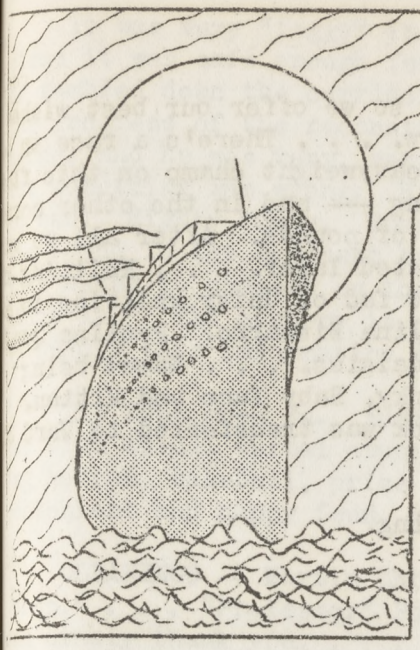
———O———

____to a lovely lady.

It was in the garden that I saw her and as she slowly walked 'neath bower and tree, the sweet scented morning breeze brought a message -- a message of serene beauty and peace. It was a simple beauty there behind those sheltered walls with palm trees swaying in the breeze and perfumed flowers edging garden walk. It was a quiet beauty broken only by the birds whose cheerful song wafted down from sloping roof and swaying branch. It was a tranquil beauty skirted by picket fence and guarded by a tiny chapel tucked snugly in this cloistered retreat.

And it was here I watched her pick a flower and saw her delight in its beauty while holding the cool and fragrant petals close to her ruby lips. And then suddenly she was gone; and it was then I knew it was not alone the sundrenched garden to which I thrilled for though I found it no less beautiful it had somehow lost the enchantment I knew in that magic moment when it served as a lovely setting for a lovely lady.

-- Barney Sands



ROUND THE WARDS

--AT S. F. HOSPITAL

WARD 19

One of the original ideas of the month belongs to the girls who have started naming the potted plants for the doctors. Doctors Shipman and Friedlander and the students are represented by very flowery geraniums; Doctor Kasuga is a most interesting and thrifty purse plant Doctor Wheelwright is a very tall plant; Doctor Yellin is represented by a most interesting hen and chickens plant and many more of our doctors, unnamed here, are gracefully decorating our porch ledge. The idea was started by Doctor Hutchinson. Through an accident he knocked a very thrifty and prized plant - a coleus - over the ledge, breaking some of the choice branches to bits. However, he collected the sad remains and very gallantly replanted them. To our surprise the plant is growing beautifully - hence, Doctor Hutchinson.

O

Congratulations to Peggy Murphy and Dorothy Hinman for their recently acquired diplomas. These show that there are some among us who are utilizing their time to the best advantage.

O

Those of this ward who have recently joined the promenaders in Pneumo Lane are: Elizabeth Henson, Josephine Sibelle, Evelyne Crueger, Margaret Chin and Claire Fennell.

O

Proving that she is not superstitious, Norma Rovai has chosen the thirteenth as her day of leave taking. Not only much of the life and fun of the ward leave with "Peewee" but also the best wishes of all.

O

We quite joyously welcomed back Rae Silver after her interview with Mr. Stork in Ward 54. The result is little Cecile Elizabeth, a wee bit of humanity in whom all of the ward is interested.

O

Surgical cases of the month have been Myrtle Arbon, Agnes Gallo, Mary Lemke, Carmen Santizo, Rosalie Stuart, Peggy Murphy. All are well on the road to recovery. Mary Lemke says of her thoraco, "There's nothing to it."

O

Taking pictures seems to be a fascinating pastime for the girls on the east porch. These sunny week-ends the garden is an inspiration for all camera addicts. Then Wednesday comes bringing the finished pictures, "ahs" and "ohs" and laughter float in to us on the breeze and we wonder when we will get those coveted "ups" so we can join the merry groups on the lawn.

O

NINETEENS -- Doctor Yellin, with beaming countenance, is back on duty after joining the ranks of the benedicts. To him and his bride we wish much happiness. . . . Little Audrey, hearing the girls talk of shillalahs asked in bland innocence, "What is a shillalah, a musical instrument?". . . . We extend greetings to Mrs. Elizabeth Gray who celebrated her birthday on August 6. Mrs. Gray is seventy-eight years young. . . . Heard in passing - "She is taking pneumo-peritoneum because one lung is higher than the other."

-- M. M. & M. R.

WARD 31

There have been birthdays galore this past month - so we offer our best wishes to Mrs. Forte, Winnie Remmers, Shirley Chan, Frances Low. . . . There's a race on between two of our local lovelies as to who will be the heavyweight champ on this floor. In this corner we have brunette Vivian Francisco weighing --- and in the other corner Dee Winward weighing ---. We refuse to give the number of pounds. After all we want to stay in one piece. Results on the winner will be posted later. . . . Knitting of sweaters has taken a back seat for the present. The new fad of daisy knitting is going over strong with Frances Kelly, Lupe Tovar and Angelina Biscarro. Pauline Que is well on her way toward finishing a beautiful afghan of daisies. . . . Names being heard 'round the ward - Torchy, Fido, One Long Pan, Stinky, Baby Face and Kitten. Hum, quite an assortment. . . . Our night nurse Miss Duck was transferred to Ward 30. We miss her very much.

○

Here's another poem from our ward poetess, Marie King.

"It's so hard to lie here and grin
To fight and fight and never give in,
Time goes by so fast, the results so slow,
But we know it won't last, and soon we'll be sick no more.
Why just grit your teeth and start in to grin,
With a little perseverance you're sure to win,
Why, oh why, did it have to be -
The existence of this germ called T. B.?"

-- H. R.

WARD 32

The chief worry of Room 5 & 6 is the arrival or the non-arrival of a bouquet of flowers every Tuesday for Irma. One would think that if the flowers didn't arrive on time every week the only one to be concerned about it should be Irma, but that is not the case. Once a Tuesday went by and no flowers. Every girl in the room, Edith Duthie, Myrtle Friend, Virginia Hansen, Dorothy Perry, and Leah Lenci waited and waited with drawn and crestfallen faces, all day long. No flowers. Of course Irma didn't worry. Not much. Finally Wednesday came and with it the expected bouquet. Once again everyone could smile and settle down peacefully and at ease until another Tuesday came around.

○

To be one of Ward 32's popular debs one must have some sort of ornament in her hair. Flowers are quite the rage these days. Coming into the ward you would probably stumble over such notables as Marianna Free, Gladys McKenzie, Patricia Perry and Letitia Dunne. Such elegance!

○

There were many eager cries of "I will!" the other day when Mrs. Huesman asked for volunteers to knit for the Red Cross. Bouquets to all of these girls for cooperating.

○

The Westerners are with us again and this time the East side of Ward 32 could see as well as hear them. They were an entertaining group down under the palm tree and as the strains of "Alice Blue Gown", a favorite here, floated up through the windows, everyone felt duly appreciative.

-- H. W.

WARD 22

Bob Collins has lost the glint in his eyes of late. The reason - Mahatma Ghandi has promised to go to the Farm as soon as he gets his new glasses. In the meantime, Bob, you'll just have to put up with that double action snoring, or is that an airplane motor we hear every night?

It was very "foggy" in Ward 22 a few nights ago, but Frank C. "Boxcar" Dorr decided it was safe enough for him to venture forth. Hence, with his cane on his arm he rambled down the corridor on his usual evening tour of inspection; stopping to see the progress of the reconstruction work on the lavatory en route, talking to the nurse, and he was very, very happy indeed. Another day dawned, the fog had cleared, but something was wrong. His beloved cane was gone. Had anyone seen his cane? No, no one. Mighty funny. Something "rotten in Denmark". The climax? Well the cane was found in the basement by the plumbers and again Box Car was smiling. Happy Days! When asked to comment on the subject of his cane he only said, "There's nothing funn about it." The mystery is - how did the cane get down in the basement? Anyone able to supply this information will be rewarded by all of Box Car's burned matches.

○

The feud goes on. Eddie Egan vs Johnny Murname. One minute the air is sulphurous with mutual verbal abuse; the next is taken up with friendly conversation regarding horses, baseball, prize fights, and how fat Van is getting. At least it is a convenient and happy feud, or does that present a paradox?

○

GLEANINGS -- Martin Christianson, when interviewed, replied; "I am a man of few words." . . . "Professor" Roy Mintz advises that his nursery (begonias to you) is doing nicely thank you. . . . Charlie Horn advises, "tantalize 'em, irritate 'em with your left, and then give 'em a right cross to the jaw." But don't lose your pants while doing it, Charlie! . . . Jimmy Darnell, our night orderly on occasion, says this is the best ward in the whole institution (with several exceptions). . . . Sorry to see our interne, Doctor Purdy, leave us - a real personal interest in each person, ability and a genuine sympathetic attitude - the makings of a real doctor.

-- L. H. V. G.

A R D 23

Calling the roll of those who have joined us since last "dead-line", we find the following names on our roster: George Kelly, John Forsloff, John McCann, Walt Nicholas, Wm. Cotton, S. Bazan, Willie Chow, Jay Savage, Wong Sik and Diego Rul. To the above, as Ernie Smith would say, a hey hey and a cheerio. And we won't ask you to eat a bowl of breakfast food or buy an automobile tire, either.

○

Major disappointment of the month is the potted plant on the east balcony. Its identity was shrouded in mystery until Mrs. Fisher declared it to be 99 per cent chicken weed (to the secret chagrin of the writer who had been watering it carefully under the impression that it was a geranium).

○

Ward 23 is glad to announce that the Duke of Windsor arrived safely in Bermuda. He was convoyed across the Atlantic by a personal bodyguard, five men from Scotland Yard and Michael Gleeson. (For some reason Mike belabored his helpless ward mates with hourly reports of the Duke's progress.)

○

It is said that when men struggle for a prized objective it brings out the worst in their natures. Such, however, is not the case in Ward 23. When there is a rush on the shower or bath tub there is more Alphonse and Gaston stuff than you could shake a stick at. This might go on forever if someone didn't have sense enough to say, "All right, I'll go in next."

○

The rapid cross fire of bright remarks between patients, orderlies et al might prove a good training ground for would be radio humorists. All the place needs is a Charley McCarthy. (Yes, we know what you're thinking.)

○

This ward does not propose to be caught napping by Hitler, Stalin or any one else. Right in step with the National Defense Plan we have one pursuit plane and one "flying fortress" on the assembly line. Art Baker, being of a more frivolous turn of

mind, is making a racing car. Maybe he's figuring on the getaway in case one of the boys does drop in for breakfast.

Most enterprising individual to date is the gentleman who is asking contributions for a home for blind mice. "For years," explains our charitable friend, "we have been hearing about the three blind mice but no one ever does anything about it.

Among things we've noticed -- Award for the quietest and most mild mannered inhabitant goes to Harold Johnson. . . . There's really nothing to set us wondering but we're curious about the gentlemanly silence that rules the solarium. . . . Jim (Big Girth) Firth, is in line for a little waist-line reducing despite his indignant protests to the contrary. . . . Nobody has yet figured out the meaning of Orderly Andy's weird war cry at meal times. . . . And while we're talking about things in general, how about a vote of thanks to those who close doors quietly during rest period.

-- J. C.

W A R D 24

About half of the gentlemen in Ward 24 are wearing glasses these days. The latest members of the window-pane club who are sporting new lenses are "Snuffy" Smith, Charlie Chan, Santiago, Anderson and Richmond - some League of Nations. Symptom of defective vision - severe eye fatigue; cause of said ailment - superb feminine scenery strolling through the court; cure - none; aid - glasses; advantage of glasses - clearer vision for further distance.

Several days ago Miss Pierce told Frank Mendia, in a joking way, that she knew exactly where to send him. Now every time he sees some stranger pushing a guerney into the ward he hides himself for fear they are after him.

Andy Anderson has taken up the manufacturing of airplanes. He spent three weeks on one only to find that the darn thing wouldn't fly after it was completed. Such wo

New patients to man the "T.B. Maru" as Jack Paulis, our stalwart sailor, puts it are; Dick White and Al Franklin. Al Franklin was the Sheriff of Hassler Health Home in 1938. He is expecting to get his old job back when he goes to the farm again. So look out Hasslerites!. He's a tough hombre.

Nick, the newsboy, goes around to every room each evening to bid the boys a cheery good night before retiring. Nick holds two championships in this ward - one for playing checkers, the other for coon-can. We also have several first class bridge players. They would like to challenge any ward in the hospital for the championship. I hope I have stuck some one's neck out too far.

The boys on the porch are about the healthiest looking group of sick people one could find anywhere. They could easily be mistaken for the backfield of U.S.C.'s football team. (They look too good for Stanford or Cal.)

-- D. R.

W A R D 25

Harry (not to be confused with Harvey) Hanson, has been the recipient of considerable travel literature of late. Where is he going, when and why? One of the more choice trips was a week at Hobergs with free meals, free horseback riding, etc. -- that is, free until a little item in the lower right hand corner was noticed. All things are free to him who first pays a minimum of $27.50 per week. Sounded like a large time for a minute. Now he is going to spend his vacation in the neighborhood of Twenty-Third and San Bruno - City by the Golden Gate, of course.

'Tis a sad tale, mates, the trouble John Zengel is having with his weight. There was a time when he could gain four pounds a week and now he's been slowed to a snail's pace - a mere two pounds per weigh day. Could be something that he didn't eat?

○

CLARIONETTES -- Get Fred Bowen to tell you the history of every automobile that was ever made. He's seen them all and driven most of them. . . . "Holy Schmoke" Barkman, the converted longshoreman and "Home Run" Tom Barberich are farm bound and neither looks like a farmer. May even be there ere now. I'll have the spies check. . . Joe Gregg should talk for publication instead of "off the record". The old sailing ship days to far places, losing the wind for weeks, and strange cargoes make interesting hearing - food for yarn spinning before the fireplace some long winter evening. . . . Did we ever mention the half pound Bob Taketa once lost? He's been hunting and hunting ever since. . . . Try to kibitz on one of "Cossack" Stovsky's chess games - then that's all there is.

-- H. H.

WARD 26

Now that the Republicans and the Democrats have completed their convention business, we thought it might be interesting to get some local opinion on the forthcoming presidential election. Our first victim was, Mr. James Montgomery, the Tennessee cracker-barrel philosopher and crossroads politician. His answer was, "Maybe rain, maybe snow, maybe yes, maybe no!" A very diplomatic fellow this Monty. . . . And from the astute and conservative Henry Nagy we pried this illuminating bit of wisdom. Says he in a stentorian and authoritative voice: "My boy, there'll be an election!" Now, who is he trying to kid?. . . . And from Moon Prescott, that enigmatic Bon Vivant of Bone Hollow, comes this droll bit of witticism: "Sometimes I wonder and then again I don't know." Huh, don't we all? . . . Our illustrious friends Jim Lee and Long Doon, share a like opinion on matters electorial: "Hon, hon suey gay duck sing." Well, I never heard a duck sing but anyway it all boils down in English to - "Let's see who wins." Which, by the way, is as good an answer as any.

○

VIGNETTES -- Goings on around the Ward: Weisel is still busy on his ship models and a good job he does too. . . . Berg is now in the aviation industry (small scale). . . Barnes, the Boston Bard, is turning out poems prodigiously! . . . Grahame is busy with his pot hooks and curlycues (shorthand to you my frans). . . . Kyoshi has finally taken time out from his cure-chasing to make a few puzzles with which to befuddle us. . . . And Max is still studying history and civics - yeh, and about Florida yet. . . . In case you want information about books, ask that gallant caballero Senor Gaspar; heesa ass't librarian now.

○

Here is a juicy item handed in by a corpulent individual and it concerns two of his bosom friends. It seems that these two boys - M.P. and J.G. - are afflicted with that well known step-an-fetchit fever. Said corpulent gentleman is looking for an iron lung to relieve them of that momentous job of breathing. Yeh, and he is even looking for someone to help feed them. Wonder if the boys will give him their full and complete cooperation?

○

Recent ex-patient visitors to our Ward include, Fred Rowe, Ralph Stout, and Theodile Mallicord. Drop in again boys, soon.

○

And because this one is noo to your nooz reporter, and because he thought it good, here 'tis: The guy was deaf and dumb but he had the word right on the tip of his thumb. Thas all; see you next month.

-- B. S.

WARD 28

Sitting here in bed and looking out into the front court below us, our eyes com to rest on a fountain. Could it be that at one time it was filled? That goldfish cavorted in the lower basin and those porpoises actually spouted water? There is a rumor that sometime in the dim, dark past someone actually saw it working. Well eve if we're not from Missouri we'd like to be shown. As long as we're on the subject o beautifying the courtyard it is good to see the new flag that has replaced the old one atop our flag pole.

○

I have a hunch that the orderlies and practicals on this ward would like to see their names in The CLARION and as a satire on each one would require too much space, a listing of their names will have to suffice. Their given and nick names follow: Lillian (V-8) Ford, Elizabeth (Betty) Hayden, Vincent (Vince) Cangelosi, Victoria (Should Go) Farr (ouch). Richard (Shorty) Calkins, Frank (Boomer) Brennan, our porter Sammy Van Pool, and our senior orderly Albert Lacey. When Mrs. Ford comes back from her extended vacation we'd like to match her against Boomer for the title of Champion Bed-Maker-Upper. Ought to be some contest.

○

To hear "Shanty" McGovern tell it he will be leaving us around the middle of August, although there is room for argument on that subject. He will certainly be missed by everyone, including the hospital staff, if it turns out that he knows what he is talking about.

○

Andy Anderson, Robery Sperry, Herbert Burkhart, Thomas Sullivan, James Lund, ar the "Red-headed Fog-horn" Henry Vincent are recent recoveries from two or more stage of "rib jobs". Everyone's glad to see them return to the fold. We await the return of Pete Basuino who just recently went under the knife and has a rib signed by Docto Eloesser to prove it.

○

SHORT SUBJECTS -- Bud O'Ferrell's birthday, August 11, - lots of cake and stuff . . . Mrs. Philips relieves Mrs. Faroni on the night shift - welcome back. . . . Doctor Treadwell and Doctor Bryner - the Rover Boys - or "They get around". . . . Mrs. Johnson, the powers that be, rolled into one. . . .Miss Hanan - a nice person. . . . Dick Vance - the "capitalist". . . . See you later!

-- R. W.

--AT HASSLER

WARD 6

TIME - Any time. PLACE - Hassler. CAST - Our gals.

Act I, scene I. Setting, room I. (Marie Duca, who has very pretty hair but quite a lot, has been persuaded by a Miss X, who is by no means a barber, to let her cut her hair. The curtain rises.)

Marie: Oh, Gee.

Miss X: Sit still, I might clip your ears by mistake.

Marie: Maybe that's enough, honey.

Miss X: Oh, I haven't even started. (The pile of cut hair continues to grow as Miss X cuts freely.)

Miss X: (Stopping to admire her work.) Well, maybe I did cut a little too much, but you won't have to bother with hair around your neck and ears for quite a while.

Act I, scene 2. Setting, the weighing room, shortly after.

Marie: I've lost!

Miss X: No, really?

Marie: Yes, a whole half pound.
(Playwright's note; We are inclined not to believe the truth of the above, but both actors insist that it's the truth.)

- CURTAIN -

Act II. Setting, room III.
(Margery Harada and Marie Massa admiring a little bottle on their stand which contains a caterpillar.)
Margery: Do you think he likes red flowers?
Marie M.: Well, he seems to be eating. I think he's putting on weight, don't you Margery?
Margery: Well, he looks fuzzier, huh? I wonder if he's happy, though he seems to b
Marie M.: But I wish he'd hurry up and spin his cocoon.
Margery: (admiringly) I'll bet he'll be a beautiful butterfly.
Marie M.: WELL, he'd better start soon or I'll lose interest. (As she speaks Marie Massa walks off stage.)
Margery: Huh, a fine zoophilist she turned out to be! (Enter Lillian Stinger.)
Lillian: Oh please, no more bugs or bees or lizards! They are tricky creatures. Oh-o-o-o-o-o-! We'll have them in our beds next. (As if we haven't.)
(Margery just laughs and laughs.)

- CURTAIN -

Act III. Setting, room IV.
(Speed Spears speaking to Marie Waraner. Both in bed.)
Speed: Nearly finished, aren't you Marie?
Marie: Oh, I am finished. The big giraffe and the small one.
Speed: My gracious, but you work fast. How long have you been here, one week?
Marie: (smiling) No, nearly two weeks. You don't do so bad yourself. Look at the beautiful sweater you've made and already started on another!
Speed: Well, I must say you've brought the spirit of Ward 32 down with you. Elephants and giraffes are going to be seen around here again.

- CURTAIN -

Names of any characters used in this script are not ficticious and any similarity to persons living or dazed is not a coincidence.

The audience is requested not to boo so loudly as it distracts the playwright. Thank you.

-- M. M.

WARD 5

We've had our eyes glued on Maxine Dameron lately to see if we couldn't get some startling news to report. It's no use, though. Outside of never missing a single news report she refuses to do anything we can print; however, we think that is quite a record.

○

We've heard much talk lately of a gastronomical blitzkrieg. It seems to be a feed fest consisting of cracked crab, enchiladas, chow mein, fried chicken, and devils' food cake. This isn't effective unless consumed in rapid succession.

○

Lucille Taylor, our photogenic blonde, always manages to get her name in print. This time she rates a line by joining our ranks in Ward 5. Yes, she brought her knitting with her.

○

We can understand Mr. O'Brien's (one of our smiling porters) shock at seeing Yvonne Pepin stealing the humming birds' sugar to sweeten her tea. Things are comin

to a pretty pass with the humming birds always getting the short end. Genevieve Macondray, on whom they depended for sustenance, has deserted us for San Jose. The last straw is Rose Kraus filling the pots with a nectar made of homemade strawberry jam. Anyone loitering near the pots with a straw in hand is looked upon with suspicion and the birds are showing up with slices of bread. Dena Castellotti has been seen stalking them with a camera. All in all, perhaps that is why they have taken to doing power dives under the awnings.

-- N. J.

W A R D 2

The local order of Square Knotters was increased this month by the arrival of Robert Silagi, who turns out belts, cigarette cases and purses at a great rate. Other members of the order whose handiwork puts the rest of us to shame include Leo Baker, Arturo Mattioli, Donald Lackey and Pat Silva.

Of course carrier pigeons are old stuff, but we bet you've never heard of carrier humming birds. Well, neither have we, but if Daniel Toddi continues tying string to the humming birds' legs it won't be long before they will all be fully equipped for such service.

The day by day improvements on Mattioli's super aircraft are something to watch. What started out to be a simple wind indicator of one propellor has now grown to a five motored deluxe cabin job including pilot (Who lost a kewpie doll?).

"Way down yonder in the cornfield." - Pat Silva's and Ed Nesbitt's contest to see whose corn would come up first has received enthusiastic support from a large contingent of amateur farmers who have dug an irrigation system to supply them with water. The ditches and troughs which now interlace the lower orchard would put the canals of Venice to shame.

The warm summer night wrapped itself around us like a cloak. The stars like brilliant jewels twinkled overhead. Wafted on the gentle breeze came an overpowering heady odor of - citronella! George Ogi had spilled the bottle again.

FOUND - One pair of sun glasses - owner may have same by applying to office of Ward 2 and may tender reward to Miss Wendy Wang, popular member of the peninsula's cocker spaniel set, who found them and promptly turned them in.

-- S. M.

W A R D 1

A subsidy granted by the uncles (not Uncle Sam) is helping to resurrect the rolling stock referred to in this spot last month. A good year lies ahead and J. Malone now regrets his horse trading.

Once advanced members of Miss Joyce' K.S. (knitting society) are now just members in alphabetical order - James Malone, Alton Racine and Jerome Silvia. They lost their honorable advanced title because the beginner, Robert Flynn, turned sissy, couldn't stand the guff, and quit.

Our fish yarn (so termed by unbelievers) concerns the deer that came to feed on the lawn in front of our east porch. We couldn't shoot pictures because of light conditions, nor a gun for obvious reasons. So dear as a good deer story is we can't say more for lack of evidence.

If ye editor will allow we would like to enter the following quickie in this ward news. At a recent CLARION staff meeting Dr. Schaper wished to snap several pictures

of the group. During arrangements Dorothea (Fritz) Kuhn sparkled, "Hand me some papers, please, so that I may look important." We heard it for we were there.

Sage of the Texas Plain, "Tex" Findley has graduated - and "Little Boy" Preston Coates has left to return to the bosom of his many famous relatives, of whom he woul speak on the slightest provocation. Leo Yip now covers the mail route deserted by Findley and Kelly. He has also added the chore of rolling his bed out of the ward onto the porch and back again a couple of times a day.

Kem (Long Pan), the barber, and his maestro (Break it if I touch it) Ceferino Ruiz recently took the small hair clipper apart. Between them there appeared to be 20 thumbs and no fingers when it came to replacing the parts. Bob Lee rescued them from their perilous predicament by taking over the works and finishing the job in 3 minutes. Long Pan took the first head that came near and got much pleasure in the way the rejuvenated clippers worked.

-- I. K. & N. S.

Well, I scared the darn thing anyway!

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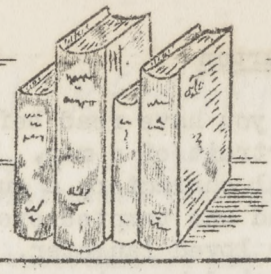

CASUAL WORDS ABOUT NOVELS

Most of us read a novel primarily for delight and entertainment, and novels are written primarily for these two purposes. An author may inject a big or little fragment of historical element into his story and give it a special aura, or he may put some personal or timely propaganda into the dialogue of his characters, but these elements are greatly adumbrated by the narrative, which transports the reader into another world.

Good reading requires that our senses be keen, alert and ready for absorption, and in addition it requires physical strength which most of us do not have in a vast degree. However, we can read the books we are now reading much better than we do and give special attention to the finer novels.

After we read a novel we should be able to give an intelligent analysis of the plot and the characters, and offer explicitly a few words of relevant criticism. Even from casual reading we should glean a certain supply of word-lucre. When asked if we like a particular book we should be able to articulate readily why we didn't like it or why we did.

Do you utter formulas about the books you read? "It was a good book but a little dull." "I liked it; it was thrilling." "I've read much better." "It was fair." "It was all right." "It was wonderful!" And when asked for further apt information do you look startled like a surprised fawn caught napping in the woods? Well, you have been napping if you can't answer with more words and understanding than "It was a wonderful book!"

The following interesting discourse flowed between two patients one day. They are both good readers and we should all try to emulate them. They were conversing about Robert Nathan's Portrait of Jennie. One proclaimed vehemently, "It was a beautiful book. I like Robert Nathan's style."

The second reader queried interestedly, "What did you like about his style?"

The first reader expressed no surprise at the query, but proceeded fluently and critically: "He writes an almost poetic prose and his diction is built up from the simplest words. And the world he creates for his reader is supernal in contrast with most present writers who force realism upon us. In these times of political and moral upheavals the world can use a whole corps of sensitive Robert Nathans."

This was an excellent analysis and criticism. It showed that the reader had derived much from her book. And we should be able to do the same with every book that we read.

Incidentally, there are two of Robert Nathan's early books in our Hassler library - Fiddler in Barly and Enchanted Voyage.

-- R. V. K.

THE MAN NOBODY KNOWS, Bruce Barton

This book is like nothing you have read before. It could be called a biography of Christ, but it is more a portrait of a man. Here Jesus is presented as an understandable and thoroughly logical character; a supersalesman, a man of magnetic personality, and a man who doubted and was tempted even as you and I. This is a Jesus who is physically strong, a man who loved laughter, crowds, and the festive board; a man who loved life. Jesus as presented here is completely alien to the sorrowing Son of God whom we have always pictured.

Perhaps, we should quote the author and let it suffice that he convinced himself as you will be convinced, that Jesus is truly the "man nobody knows".

"But Jesus! Jesus was the 'Lamb of God.' The little boy thought that sounded like Mary's little lamb - something for girls - sissified. Jesus was also 'meek and lowly,' and 'a man of sorrows and acquainted with grief.' He went around for three years telling people not to do things."

This book should interest everyone regardless of creed. Although the treatment is different and decidedly unconventional as compared to other characterizations of Christ, it is at all times reverent and faithful. The book has a stimulating message delivered in an arresting manner. "The Man Nobody Knows" is as modern as today and as interesting as life.

-- Reviewed by Norma Johnson

THE CAT HAD NINE LIVES, Achmed Abdullah

Achmed Abdullah was born in Ylta, Crimea. His father was of the Russian aristocracy and his mother an Afghan. After their divorce, he was adopted by his mother's father, Governor of Kabul, at the further end of the Khybar Pass, an ideal spot for keeping the exchequer full by mulcting both England and Russia. His mother's uncle was Abduhur Rakman Khan, Amir of Afghanistan, and her mother a direct descendant of Gengiz Khan on her father's side and the Prophet Mohammed on her mother's - an historic and honored ancestry that tells a story in itself. Achmed was purified of his Russian name and his Christianity and became a Moslem; but being educated in England and France he also became a British citizen, joining the army and a couple of the correct clubs. "He must have cut quite a figure," as he describes himself, "in white spats, monocle and haw-haw accent more British than King George."

This is not an autobiography but just reminiscings written at the instigation of some friends - among them Lowell Thomas, Henry Lanier and Gordon Grant.

And so with his trains of thought and association of ideas we are taken from one contrasting scene to another. On one page we swelter in the torrid heat as we trek through the jungles of darkest Africa and on the next we shiver with the climate 70 degrees below as we climb the mountains of Tibet. Miracles of the East, leopard men in Africa; watching a Kamalolah victory dance and the feeling of seeing the same thing at a dance at a Maine resort. The Turkish Army and the British Military Intelligence Service. Working and having fun in Hollywood as an author and producer with David Belasco. Intrigue against his own countrymen; his own family; a murder by a companion, recruiting with a rope and a whip in West Africa; arson, all in the line of duty. Paris entertaining his father and London being entertained by his grandmother.

We are left with the impression that his life has been so full that there is more to tell and we want to hear it.

-- Reviewed by Gordon B. Stone

VOCATIONAL REHABILITATION

By C. G. BLUETT
State Rehabilitation Training Officer

ou who are recovering from tuberculosis may benefit from the services of the California State Bureau of Vocational Rehabilitation, if you can. The question of ability depends upon your physical condition, but more than that, upon your vocational aptitudes, temperament and attitude.

Thousands of tuberculous patients, in this state, have benefited by the services the Bureau of Vocational Rehabilitation offers physically handicapped persons. Others have failed to benefit to the extent that they should. The Bureau believes that any physically handicapped person who maintains the right attitude may become remuneratively employed. Failure, generally, is owing to one of several causes which I shall give realistic treatment in this article.

One of these causes is lack of information as to what the Bureau of Vocational Rehabilitation is and what it proposes to do. A patient may spend years in a public sanatorium, know that other patients are receiving vocational training provided by the Bureau, and yet not be aware that he too is elegible for this service. It does not seem possible that such apathy can exist, but again and again it is brought to my attention that it does exist.

I do not want to go into deatil here regarding the facilities of the Bureau, its support and growth. A directory of its staff may be had by writing directly to the nearest office. You should know, however, that any resident of one year, in this state, who is of employable age, of sound mind and who is vocationally handicapped by reason of physical disability will be considered for vocational rehabilitation. The services offered consist of vocational guidance, carefully supervised vocational training, provided without cost to the individual and assistance in finding employment.

This is a complete program offered to tuberculous patients who have never been employed but who desire employment or who cannot return to their previous work because it would be detrimental to their health. If you fall in one of the above categories, then you should apply for vocational rehabilitation.

When applying for this service you should keep the following considerations in mind. The rehabilitation representative who interviews you is faced with the problem of developing a program with you that will work, under conditions as they exist. Prior to becoming ill you had achieved a certain degree of success or you had failed. It may be that you were faced with certain conditions that prevented you from succeeding and that this very opportunity will enable you to overcome, but whatever your situation was, you must start from where you left off.

It is not uncommon for patients in sanatoria to visualize themselves making huge successes in occupations entirely foreign to anything they have done or in which they have never demonstrated ability or made any attempt to enter, prior to their illness. The rehabilitation representative takes equal responsibility with you for the success of your program and he will not agree to spend rehabilitation funds upon a training program for which you do not seem to be adapted or that does not offer good prospects of resulting in employment for you.

On the other hand it is often necessary for a physically handicapped person to learn a vocation different from his previous work or one who has never been employed

must be trained for work that he can do. In such cases aptitude tests will be administered or a try-out given or in some manner your aptitude for the work will be determined.

In still other instances as the result of his investigations, the rehabilitation worker may advise you to discontinue the work you have done in the past because he believes you to be poorly adapted to it and to learn a new occupation; or again he may request more evidence of your inability to do the work that you have previously done. Very often medical advice will be the determining factor in the last instance. but rehabilitation workers are in constant contact with industry and have the benefit of experience in observing hundreds of ex-Tbs make their adjustments. When the limitations the patient will experience are made clear by the physician the rehabilitation representative will call upon his knowledge of the job, or upon investigation, to determine whether the job duties or environment may be expected to conflict with the patient's welfare.

Examples of adjustments made by ex-patients should be helpful.

John had worked as a stock clerk for several years. His job involved heavy lifting, much hurrying and sometimes poor ventilation and dust. He was only 26 years of age. On aptitude tests he demonstrated superior intelligence, aptitude for detail work, command of English and good manual speed. He was advised to become a stenographer. He completed his training in good shape, secured employment and later passed a Federal Civil Service Examination. He became employed in the War Department as a stenographer and later was appointed to a minor executive position. This man is probably known to some who are still receiving treatment.

Mary is a Chinese girl who had never been employed, but liked to design and make dresses. She was thoroughly trained including pattern drafting, cutting, sewing, fitting and finishing. She completed the training and "set up" for herself in her own home, where she is experiencing an increasing business.

Phyllis was well along in art training and had demonstrated aptitude. Completion of her training was provided and she is now employed as a commercial artist.

James wanted to abandon retail sales work because of too long hours, and being too much on his feet. Instead he read two authoritative volumes on textiles which stimulated him to want to apply his knowledge. His former employer allowed him an extra hour at lunch time and moved him to a better ventilated store. He is now earning more than ever and is working full time.

A nurse has become a physical therapist; a waitress an office machine operator; a laborer has become a dental mechanic; a house painter has become a sign painter; some have become watch repairmen, shoemakers, and radio servicemen and so on.

The Bureau does not have a list of jobs which the tuberculous can do, neither does it limit the field to any specific group or occupation. The rehabilitation representative helps the patient to determine upon an objective that is compatable with all the circumstances surrounding him; so that he himself, his work experience, his educational advantages, his innate abilities, his interests, his economic situation and employment possibilities finally determine the program.

If the case histories of successful rehabilitants are examined the following facts generally stand out:

(1) The individual selected an objective that was closely allied to or was at about the same level of endeavor in which he had previously engaged or for which he had been preparing and did not require an extended period of training.

(2) He (or she) accepted his economic situation and prepared his mind to live within the restrictions of that situation until he would be ready for work.

(3) He entered upon his training fully prepared to complete it and to cast asid all straddling. He did complete the training and consistently sought employment in line with the training he had received.

(4) He accepted the services of the Bureau as a part of his program. He did not throw himself upon the Bureau as a dead weight, expecting the rehabilitation representative to wave a wand and create something new and wonderful for him. He was realist enough to understand that the world was pretty much as he had left it and that he must stand on his own feet, asking only for a "hand", not to be carried.

(5) He understood his physical condition and protected himself at all times. He did not rush at his training before he felt adequate to it, neither did he ask fo physical priveleges he knew he should not request, then "pout" if they were not granted by his physician. He worked patiently, consistently, and persistantly, with faith toward a definite goal.

(6) When he was ready for employment, he applied directly to employers, became acquainted with employed persons, made contacts with every possible source for leads to employment, and when given a lead he followed it up; he kept himself available fo telephone calls, kept the Bureau advised of his efforts, and synchronized his effort with those of the Bureau to find employment for him and with those of the training agency.

This may sound like a hard program and it is for those who cannot concentrate; but it is a much easier program than spending a few ineffectual minutes looking for work, and hours worrying about not finding it.

Given equal amounts of ability one person will fail and another succeed because of different temperaments. The following examples relate to persons with certain outstanding temperament difficulties. When one is ill these typical temperamental qualities may be apparent but when one is staging a comeback, he must do all that he can to control himself and avoid making his progress more difficult. In fact he may void his program entirely by a non-cooperative or a too timid attitude.

The Complacent: This person has no idea of how to "go get" anything he wants. He waits for providence to take a hand and "place" him somewhere. Asked what he can do he replies, "Anything." This, or course, means little or nothing. Whereas with normal health he might be placed in some manual occupation it now becomes necessary to teach him a skill which will insure that his duties will be circumscribed. Some spark of interest and desire should be apparent to be kindled, otherwise the patient becomes a dead weight and presents an undesirable problem.

The Too-Shrewd: This person cannot be relied upon. His statements when checked are found to be false. He has little or no intention of carrying out the program but looks upon it as something the State is "putting out" and thinks he must get a share of it. In the back of his mind he knows that he will return to some "racket" he did in the past but just now he must get something from the State even though he will not use it.

The Visionary: This person is suddenly ambitious to change his whole life. He will now educate himself, become successful, do all that he has previously visualized but never actually attempted. He will be a mechanical engineer or a doctor, yet he is now an adult and has not completed high school. (This is not intended to discourage legitimate candidates for professional training, but one who proposes

to enter the profession should have some evidence of his preparedness to present or keep his ambitions to himself and prepare first for some means of maintaining himself during the long period of required training.)

The Depressed: This person is too depressed to try. Training and even placement may be practically assured but he cannot bring himself to believe. He rallies for a period but is later found doing nothing since the difficulties are too great.

The Self-Conscious: He cannot express himself, is not understood; people embarrass him. If he actually completes a course of training he cannot sell himself to an employer but retires to his room to dream of what he might be if he were only understood. No one, he thinks, can possibly understand the handicap his disability imposes. He is a self centered, imaginative person.

These are examples of some of the attitudes the rehabilitation worker meets, rarely pure to type, but with generous intermingling of the components. Each of the when not overdone may strengthen a temperament. Each patient should strive to understand whether any one or more of these attitudes play too great a part in his temperament and strive to discount the feelings that engender that attitude for, when carried too far, any one of them will wreck a well planned program.

Rehabilitation workers are convinced that any person who is making reasonable recovery from tuberculosis and who will abide by the following program will eventually find himself remuneratively employed in an occupation in which he can continue.

1. Do not begin too soon. Look ahead and consider what you may do, read about it, write to people engaged in that work and build up any associations with the work you can. Study pre-vocational material, English, Mathematics or text books on your subject. These materials can be made available through the State Correspondence Service or other sources, free of charge. This can be considered educational therapy. You may take your time, start, stop, or dally about it according to your health and mental requirements but do not confuse this with vocational rehabilitation.

2. When your doctor and you feel that you are ready to begin a steadily increasing program, beginning easily, but consistently, if not more than 30 minutes a day and gradually lengthening the time and effort toward actual employment then, but not until then, request vocational rehabilitation service.

3. When you request the State representative to interview you, approach the interview with an open mind. Give the interviewer the facts concerning yourself; so that he may plan with you intelligently. Present your desired objectives and your reasons for believing you can succeed in that work; then give consideration to his reasons for agreeing or disagreeing with you. Remember the State representative has lived the vocational adjustment of hundreds of persons, handicapped as you are. He is a student of human nature and is in constant contact with industry. He may not be able to give you an off hand solution to your problem but he is willing to consider all possibilities, to plan, revise, and finally construct with you a program that will work. Often considerable time is consumed in this way, but as a result, the objective is usually reached more quickly.

A man who spent two years toying with the idea of radio operating in the sanatorium but uneasy in his own mind about it, suddenly, upon discharge and coming into contact with reality, abandoned the program. Other sound objectives were proposed and after choosing one of these, his father talked him out of it. Instead of allowing the rehabilitation representative an opportunity to talk to both him and his father he stayed away and is now wondering about looking for work; any kind of work.

A woman who insisted upon design as a general subject and rejected a definite field of application such as millinery or dresses, is continuing on relief. What sh really wanted was metal craft and now she feels it is too late to start that program but has no alternative.

A man with general business experience was urged to upgrade himself in commercial training but spent two years in the sanatorium writing short stories. Now he is beginning business college. He will require nine months to a year to prepare for work, whereas he could be in a position to complete his training in two to three months.

Let aptitude tests help when necessary; listen to sound advise; dig down deep; get hold of those squirmy doubts and face them; think over the tendencies you have previously displayed, make a decision based on the facts in your case, then abandon yourself to it, come what may. No program is perfect and no program will avoid difficulties, but once started, stay with the program. Any plan is better than no plan and time and experience are your greatest assets.

One of the first questions an employer will ask is, "What experience have you had?" If you have not had experience you must get it somehow; so face that fact from the beginning and add it to the time that will elapse before you can attain the kind of job you want. Whatever experience you have had should be capitalized upon. It's easier to upgrade yourself or to specialize in your previous field of work than to start a new occupation. If you must begin a new line of work then aim for a definite and concrete beginning level job. You can go on from there, after you are employed.

4. Keep your rehabilitation counselor advised at all times of your progress, your difficulties, your residence and your plans. A letter once each month will do this, but do not expect him to be a mind reader or a paternal father that sees all, knows all, and does not need information. On the other hand make your problems concrete; be able to say what they are. Do not blame "them", or the Government, or somebody else, for not foreseeing what you yourself could best have foreseen. In other words be mature and cooperate with the man trying to help you.

This service is not an impersonal governmental "grab bag". It is a personal service and the only service of its kind. You may receive vocational counsel elsewhere; you may be able to find training without cost and you may receive assistance in securing employment, but you will find no other agency which provides all of these services and certainly, not for the physically handicapped. Moreover, the Bureau follows up after you are placed to make sure that the job environment is adapted to you.

These are the services offered you through a special Bureau of the State Department of Education. It is available to you if you need it and there are no strings attached, but you will get out of it, exactly what you put into it.

---

my country

This is the patch He gave to me;
This land of my nativity
Here in the warm and fertile earth,
Deep grow my roots of destiny.

— Bernard Barnes

Now it's my turn

Willie Shakespeare made the remark,"There's a destiny that shapes our ends, roug hew them how we will."

No truer illustration of the truth of this saying could be found than in the case of Jasper Prothero. If Jasper had had anything to say about it, he would still be regarded as a harmless, if not overly successful young man in the employ of Bascombe & Co., and his secret passion for bloodthirsty novels of the wild west would never have gotten him in trouble.

However, Fate, in the form of a full length mirror, a smoking stand and a B B air pistol was quietly planning to slip him the works.

To say that Jasper Prothero was not satisfied with himself would be putting it mildly. He was not satisfied with his name, his appearance nor his inability to pla the role of dashing hero. It was not that Jasper was entirely lacking in those qualities which go to make up the Errol Flynn type of hero. The spirit was more than willing but the flesh simply couldn't and didn't look the part. Jasper's best effor could produce only five foot seven inches of height, a sandy colored mustache and a general mouselike appearance. As an assistant floor walker he was quite all right but as the heroic type he was simply not the stuff to give the troops.

This physical inadequacy, combined with his dislike of Mr. Beldon, was quite sufficient to render his general existence miserable. Mr. Beldon was his immediate superior. But in fairness to Jasper, it must be admitted that his chief dislike for Beldon was that the latter was everything that Jasper was not. If ever there was a perfect Hollywood type hero, Mr. Beldon was it.

Jasper's passion for western stories and his B B air pistol had nearly gotten him in the soup on numerous occasions. There was the time, for instance, that he was practicing his "lightning draw" in a remote part of the stockroom and nearly scared Miss Johnson to death when she suddenly rounded the corner. He managed to get out of that one and it should have served him as a warning. But Jasper could no more abstai from furtive gun practice than some men can foreswear strong drink. Left alone .... preferably before a full length mirror such as the one in the men's smoking room .... Jasper would engage in gun practice every time. The library which the company maintained for its employees kept him well supplied with gory western novels and equally gory imaginary plots in which he always played the hero. The fact that Mr. Beldon was always the villain who died under his smoking gun gave him a sort of second hand pleasure.

And so it was this day, that Jasper came to be engaging in a spectacular gun duel in front of the smoking room mirror. It was his favorite situation, chosen with care from the wealth of western stories he had read. He could remember the author's exact words .... "Lithe as a panther, Jack crouched before the trembling Spaniard, his hand hovering over his gun. Quietly he drawled, 'Now it's my turn Felipe'."

It was a good situation and Jasper enjoyed it every time he rehearsed it. He enjoyed it particularly today as he had been snubbed by Beldon and he was enjoying Beldon's theoretical death in the mirror more than usual. Following the script carefully he flourished his air pistol and leaped back like a panther.

Now there is nothing wrong in leaping back like a panther but you want to watch your step while you're doing it, especially if there happens to be a smoking stand in

back of you. Jasper forgot this minor detail with the result that several things happened all at once. Jasper and the smoking stand crashed to the ground, his finger tightened on the trigger and Mr. Beldon walked into the room in less time than it takes to recount.

Five minutes later a thoroughly humiliated and red faced Jasper walked out the door. His dignity was gone and so was his pistol which Mr. Beldon, after several sarcastic comments, had retained as a safety measure.

Back in the smoking room Mr. Beldon looked thoughtfully at the pistol. He glanced furtively around to see that he was alone. The air gun reminded him of something he had read .... Advancing rapidly to the mirror he suddenly crouched in a sinister manner, his eyes narrowed to slits.

Quietly he drawled, "Now it's my turn Felipe ...."

-- James Cook

The CLARION

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The CLARION

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The CLARION

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SAN FRANCISCO HOSPITAL
TUBERCULOSIS DIVISION
&
HASSLER HEALTH HOME

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Quote and Unquote

September 10, 1940

Dear Doctor Schaper:

I read your paper in The CLARION with a good deal of interest. I wonder how long it will take to get the medical men and Boards of Supervisors united on a real economic way of handling tuberculosis. Our greatest difficulty comes from a failure to institute early treatment. There are several very important factors in this. The general medical profession takes no interest in tuberculosis. That is one reason why we have so many late diagnoses. Second, the character of the disease is such that it is very hard to get a diagnosis made when it first comes unless both men and laymen are alert and interested.

All patients with tuberculosis are at one time in a condition where healing should take place, but the delay between this time and the time treatment is instituted is a great individual and economic loss. We should always bear in mind that modern treatment of tuberculosis extends the life of the patient. He may not be cured, but as a rule his life is prolonged, and every one who fails to be cured has his period of scattering infection prolonged. And even though he might obtain quiescence, the period of scattering infection is simply moved forward . . . . .

The custom of getting patients out of the sanatorium as rapidly as possible, in order to make room for others, too often defeats the purpose of treatment. Your recommendation of a health camp is apropos. I think that after patients have had intensive care for active acute lesions they should then be put under conditions which are less expensive, where a program of rehabilitation is carried on. Treatment without rehabilitation is very often wasted.

Sincerely yours,
F. M. Pottenger, M.D.

August 30, 1940

Dear Editor:

The article on "Fluorography" by Dr. Schaper in the August CLARION is certainly a challenge to all of us in the hospital. We understand better than most, what a blessing it would be if the death rate could be cut to less than ten per 100,000 by 1950. We can do quite a bit towards furthering this idea by talking with our visitors. Most of them will have sympathy and understanding of this question in view of the fact that they take enough interest to come and see us. Coming to the hospital should make them somewhat "cure minded".

Cheapening the X-ray process would, of course, do a great deal towards making people undergo examination voluntarily as well as making state and federal appropriations go farther. Legislation requiring examination would really be a great and needed protection to all citizens.

I believe we could all qualify very well as sincere and enthusiastic "Agitators" or lobbyists for this kind of legislation.

Sincerely,
John Varrentzoff
San Francisco Hospital

September 1, 1940

Dear Editor:

In your editorials and in various articles you have stressed two vital problems - finding the sick and getting them hospitalized and rehabilitating the well back into society.

The CLARION has sent out the call and it cannot be left to fade away. A campaign should be planned to press these matters forward. The public, and this includes the supervisors and other representatives, should be educated, as it is for the benefit of each family in the community both from a health and an economic standpoint.

We can each do our share and once we start the ball a rolling, with all our shoulders put to the task, we should go far.

Yours very truly,
Gordon B. Stone
San Francisco Hospital

The CLARION

THE IMPORTANCE OF LITTLE THINGS

By E. A. SCHAPER, M.D.

The more I think about tuberculosis the more certain I become that failure to recover from this disease is due to the inability of the patient to recognize the significance of many seemingly unimportant things. St. Paul said, "Behold how great a matter a little fire kindleth." A carelessly tossed cigarette in the middle of the summer has often caused the destruction of millions of dollars worth of forest. From the relatively small flame of the match a fire grows many square miles in extent causing inconvenience to many people, with loss of life and property.

The first symptoms of tuberculosis are usually disregarded. The unusual tiredness is thought to be due to overwork and that slight hacking cough is attributed to a cold, bronchitis, or to too many cigarettes. The little fire is ignored until the forest is aflame.

Last month an interne in this hospital died of tuberculous meningitis. He had been exposed to only one case of tuberculosis so far as he knew. It was only necessary for him to pick up one tubercle bacillus from this one case in order to start the fire which destroyed him. How great a fire a little matter kindleth.

In San Francisco only ten per cent of our cases are found in the minimal stage and that in itself is not the fault of the patient, but is the result of the insidious nature of the disease. The patient's ignoring of the important little things is more common after the diagnosis is made than before. The worst mistakes are made in the sanatorium or hospital. These are of two kinds - omission and commission. The patient either fails to do one or more things he should do or else he does things he ought not to do. Most of these failures center about that all important principle of rest. Rest can be anything from absolute bed rest to hours of graduated exercise. When and how to change from rest to exercise seems simple but is in reality quite a problem which varies with each case.

One of the most common, seemingly small violations of the rest principle is the tendency of almost every patient to talk too much. Solomon said, "The fool telleth all his mind." Judged from that standpoint most of us are fools or at least try our best to be.

Talking requires considerable physical effort. The heart rate is increased and more respirations per minute are required and all in proportion to the amount and loudness of the talking. A wise patient will say only what is necessary and will talk in a soft voice. I have known many patients both men and women who have literally talked themselves to death. If I had my way each patient would be kept in a room by himself, free from every unnecessary visitor, until well on his way to recovery. Most patients feel that it is permissible to laugh and talk to their hearts content while they are bed patients and supposed to be on strict bed rest. Not only does the talking patient retard his own recovery but he makes it difficult for others to get proper rest. This is one of the most common pitfalls and should be avoided by any serious minded person really desirous of getting well.

Another common mistake made by both patients and their relatives is to underestimate the seriousness of the disease. The family doctor often aids this false conception by telling the patient in the beginning that a few weeks in a sanatorium will make him as well as ever. The patient may even be told that he has only a little cold which will soon clear. A patient with this kind of an educational foundation takes the wrong attitude from the beginning, not realizing that the cure of tuberculosis takes months and years instead of days and weeks. As a result much time is wasted in the beginning when it is so important to do what is right, and it may be a year or two, when the disease may have become well advanced, before the patient really begins to try in earnest.

Another seemingly little thing which keeps a patient from getting well quickly is his attitude toward his friends and relatives. All too many people have been killed by kindness - by the well intended ministrations of sentimental friends and relatives. The patient wants them to come as often and to stay as long as possible and to talk as much as they can during the visiting hour. To a patient not well along on the road to recovery this is too much of an effort for one naturally tries to be friendly, to talk and entertain, and all this interferes with the chief reason for being in the hospital and delays the patient's convalescence by months and sometimes by years. Therefore, a wise patient will have only a few of his closest friends and relatives visit him and then not very often. When they do come, let them do the talking and let the patient say little or nothing.

Another thing which the average patient regards as a small matter are his thoughts and mental attitude generally. This is indeed very important for it is seldom that a morose, faultfinding, despondent, worrying patient recovers. If one belongs naturally in this category he must have a mental rebirth. It is highly necessary for him to develop an optimistic, placid, friendly attitude toward life and people, and himself in particular. Temperamental, high strung, energetic people having tuberculosis labor under a great handicap. Actually no one but a slow, phlegmatic, lethargic type of person should contract this disease. This is one reason why on the whole people descended from the Latin races are not such good tuberculosis risks as the less emotional Nordic peoples.

Every well-managed sanatorium has a set of rules designed for the guidance of the patient along the road to recovery. The average human being doesn't like rules especially if they begin with "don't". Since these rules are designed for the good of the patient to help him to get well, one would expect an intelligent patient to be glad to have such a set of rules for his guidance and that he would be more than anxious to follow them out carefully to the last detail. However, this is not usually the case for people want to do what they want and often just because a rule exists the urge becomes increasingly strong to break it. Perhaps it is smoking which for a good reason is prohibited or regulated in many sanatoria. It is only a little thing so the patient surreptitiously smokes a few as one exceeds the speed limit on the highway when no traffic officer is in sight. Alcohol becomes the stumbling block for some. It seems a little thing to take one drink, but that leads to others and all too often the end result is failure to get well. Maybe one is a bed patient and when the nurse is not looking he gets up and sits on the bed of another patient and has a good long visit. Sometimes the girls, bed patients and all, put on a hamburger feed in the locker room after the lights are supposed to be out or wander into parts of the hospital which they are not supposed to visit when unsupervised. In fact they often act like school children forgetting they have a deadly enemy locked within their chest ready to proceed with their destruction if the rules of the game are violated once too often.

I could go on indefinitely enumerating little things, most of them to the patient seemingly inconsequential, but you know them all perhaps better than I. It is

the principle involved which is important. Time goes on inexorably and one violation leads to another, the scale is tipped in the wrong direction and a new and appropriate set of habits is not developed and the well intentioned but weak patient fails to accomplish the purpose of his admission to the sanatorium and realizes it too late. It is necessary to look at tuberculosis as the most serious problem one will ever be called upon to face; learn all the rules of the game and observe them most scrupulously.

"I feel so well", and "Doctor, I know my own case" are two of the little ideas which have defeated many well meaning patients. When the patient "feels so well" is the most dangerous time in his sanatorium experience for it is then he is most likely to undo all that months in bed have done for him and the man who knows his own case will rarely follow the doctor's instructions to a successful conclusion.

After all, Sir William Osler was right when he said, "What a patient with tuberculosis has in his head is more important than what he has in his chest." That means a patient must be so satiated with determination to do each little thing the right way that he will not unwittingly make mistakes in the little things, which will finally cost him his life.

I wish it to be distinctly understood that I am not saying these things in a spirit of criticism for I am sure if I had tuberculosis, I would make a worse patient than any of you for doctors are notoriously bad patients and are, of all men, most difficult to direct when sick. They think they know more than the doctor in charge of their case and fail also to see the importance of little things so far as tuberculosis is concerned. I am sure that nine out of ten cases of tuberculosis do not take the disease seriously enough at first and later many wind up in a chronic stage so pessimistic that they discourage all new-comers who will listen to them; so sure are they that no one ever recovers from the disease. They have formed the habit of violating all the fundamental rules of the game, both large and small, so long that they are honest when they say to the novice, "You might as well give up now for you will never get well."

The secret is to remember the importance of the little things when you are dealing with tuberculosis and the big things will take care of themselves.

RADIO TALKS

October 11	What I Should Know About the Life and Habits of the Tubercle Bacillus	Max Marshall, M.D.
October 18	Leprosy and Tuberculosis - Their Similarities and Differences	W. R. P. Clark, M.D.
October 25	The Significance of Other Things	J. M. Wolfsohn, M.D.
November 1	Contagious Hospital Technique As It Should be Practiced In a Large Tuberculosis Hospital	Elliott Smart, M.D.

STATION KSFH FRIDAYS 1:30 P.M.

"A CRITICISM AND A SUGGESTION"

We are indebted to COURAGE, a magazine published by the King County Tuberculosis Hospital of Seattle, Washington, for an idea that merits consideration by all of us. An editorial entitled "A Criticism and a Suggestion" printed in the September, 1940, issue reads:

"Incessantly and with increasing vehemence has the patient been upbraided for his indifferent attitude when confronted with the problem of the rehabilitation of the tuberculous. But what of the medical man? What of the doctor himself? Very faintly has his voice been raised and too seldom his pen dipped in the ink of endeavor.

"It stands to reason that those persons most concerned with the ramifications of tuberculosis, its treatment and ultimate cure, are the patient himself and his doctor, and that here is the complete representation of the problem. Oddly enough these two factors have failed miserably, singly or collectively, to give voice to the issue. There is a lack of co-operation that is as inexcusable as it is deplorable. Here is the answer to the question, 'Why is there no adequate legislation for the rehabilitation of the tuberculous?'

"The failure to obtain successful legislation is due to this lack of foresight or plain and simple initiative on the part of those most vitally concerned. Too often the indigent patient fails to anticipate his position upon discharge from the sanatorium and the patient safe in the knowledge of future security views the problem of rehabilitation with ennui. Too seldom does the doctor who, realizing he is discharging the indigent patient from the sanatorium to face a situation that is definitely detrimental to health, exert his authority in protest.

"Such apathy has one of the most destructive and demoralizing effects upon the crusade against tuberculosis.

"If all sanatoria in every state and territory of this great land were to form a "REHABILITATION COMMITTEE", representative of the patient body and the medical staff, to discuss the rehabilitation question from every viewpoint, and if the results of these discussions were published regularly in sanatoria and reputable tuberculosis publications, so mighty a voice would rise to crescendos of authoritative utterance that our legislative halls would reverbrate with its echoes and the passage of effective rehabilitation measures be assured. Such a program would entail time, effort and close co-operation but is entirely feasible. It can be done, so let us organize - NOW!"

In view of the admission, by most authorities, that rehabilitation is the weakest link in our tuberculosis set-up, any help that we as a magazine, or as patients, can give to the improvement of conditions should be given wholeheartedly.

We would appreciate comments and additional suggestions from any of our readers. In the group that this magazine reaches there must be many who have had experience with this problem, who have had to face the reality of making a living upon discharge from a sanatorium. If all groups can be gathered together and the question approached from every angle our voices should, most certainly, be loud enough to make a very definite impression.

— H. H.

TUBERCULIN

By F. M. Pottenger, M.D.

The discovery of tuberculin was a great event in the world's progress against tuberculosis. One might say, without distorting the truth, that it was second in importance to the discovery of the tubercle bacillus. This idea may be combated by many, but if one will stop to think that our present program of case-finding depends on it, my statement will stand undisputed.

The original tuberculin of Koch consisted of the culture fluid on which bacilli had grown, concentrated by heat. It contained the products of the tubercle bacillus which were thrown out during growth; also those which were caused by the destruction of bacilli. It was called Koch's Lymph or Tuberculin. Since then many different preparations have been made. Some consist of finely ground bodies of dead bacilli in sterile diluting solution. Still others consist of chemical portions of the bacillus which have been extracted from it. The active fraction in all preparations is the protein component. The bacillus contains proteins, some fats, and some carbohydrates.

Some people have feared that tuberculin is a poison. This is not true. It can be given in large doses to people who have never come in contact with tubercle bacilli, even the new-born baby, without producing any effect whatever. It produces reaction only in those who harbor a tuberculous focus in their bodies. In this fact lies its diagnostic and therapeutic value.

The discovery of tuberculin proved the fact of a specific reaction of the body to the tubercle bacilli. The tuberculin reaction was the first phenomenon that showed that the body reacts in a special way to infection. It proved that the cells of the body after an infection has once taken place act more energetically than usual in opposing bacilli and the protein products derived from bacilli; and that this reaction is protective in character.

When thinking of tuberculin people are apt to think of a therapeutic failure because its use at the time of its discovery proved to be one of the greatest disappointments in medical history. This came about from the fact that it was heralded as a cure. It was hoped that it would have an effect in curing tuberculosis similar to antitoxin in diphtheria. This hope was particularly cherished by those who were suffering from the disease throughout the world. While the fact is generally forgotten, Koch was averse to announcing tuberculin at the time. He did not feel satisfied to call it a cure. The inside history, as it is given, reports the Emperor as being determined that it should be given out, thinking that it would give German science a prestige that nothing else could, because the world had been looking for a cure for tuberculosis for ages. While Koch opposed the announcement he finally yielded.

What Koch had shown was that there was a different reaction created by the use of dead bacilli and bacillary products when injected into a tuberculous guinea pig, as compared with a normal one. His experiment showed that they stimulated the body to greater resistance, the effects of which could be seen both locally and generally. He also saw beneficial effects from its use in case of human beings who were suffering from clinical tuberculosis. It was unfortunate that so little was known of specific resistance or immunity at that time. Nobody knew just how to use the remedy to greatest advantage. Large doses were given and they were given daily. Patients were kept in a state of continuous reaction. There were certain unmistakable benefits recorded in spite of the manner in which it was used, but they were almost lost

sight of because of the ill effects which predominated. The general experience was unsatisfactory and so tuberculin fell into disrepute.

Some of Koch's pupils were convinced that the failure of tuberculin was due to a wrong method of use. They were convinced that the dose was too large; that it was given too frequently, and that suitable cases were not chosen. We know now that this was true. In studying clinical tuberculosis we find that frequently, reinoculations take place which do not produce permanent foci. Much depends upon the condition of the patient. If he is in good physiologic condition, and the new focus is not too large, or too active, after a short time it frequently heals, and with it there is improvement in other foci of infection in the same or other organs.

Another important factor which made it difficult for tuberculin to be accepted was Virchow's opposition. It must be remembered that Virchow was the greatest living medical authority at the time. He had made the great advances in pathology which created our modern conception of the changes which take place in diseased tissue. He was very jealous of his accomplishments. It is stated that he was not friendly to Koch or other bacteriologists. At first he doubted the correctness of their work and feared that if their work gained acceptance, it would undermine the things which he had done. This is not an uncommon occurrence in any line of progress. The man who discovers a new principle in science must fight for its acceptance, and when accepted he then begins to guard it like a mother does her child. She may even shield it from dangers which do not exist. Unfortunately, human nature is such that even a man of eminence may be so impressed and convinced of the correctness of his work that he fails to see the full importance of the work of others. So was it with Virchow, and so was it with many pioneers in modern science.

When tuberculin was announced tuberculous patients from all over the world flocked to Berlin for treatment. By the time most of them arrived they were very ill; and, besides, the trial was over. It was generally accepted that it had failed. Koch's pupils were not so easily discouraged and saw a ray of hope. These men clung to their master and endeavored to find out the correct way of using the remedy. It is an interesting fact that these intimate pupils of Koch continued the use of tuberculin in their practice as long as they lived. However, the therapeutic use of tuberculin never gained many new recruits.

At the beginning of my work in tuberculosis I came in intimate contact with two of Koch's pupils, and had a corresponding acquaintance with others. I also knew Koch personally. I early began the use of tuberculin and found it to be a valuable adjunct in the treatment of tuberculosis. Its scientific action is based on the fact that living animal cells possess the power to digest any protein which finds its way into the tissues in an undigested state, including that found in the bodies of bacteria. The reaction of the body to proteins in the production of hay fever and asthma is illustrative of this property. In case of tubercle bacilli and other bacteria, however, the patient must not only protect himself against given amounts of protein, but against increasing quantities which are being produced by the growth, multiplication and death of the bacteria. As the disease advances the ability to oppose bacterial products must increase if the host would protect himself. If this did not occur, patients would be unable to withstand advanced disease.

This principle can definitely be shown as applied to tuberculosis in animals and clinical tuberculosis in man. In fact, a tuberculous guinea pig which is given further inoculation of bacilli five or six weeks after the first infection takes place will live much longer than one which receives only the first inoculation. Many observers have been able to lengthen the life of animals by the use of repeated inoculation. Webb immunized guinea pigs by injecting a single bacillus and then increasing the dosage every few days. He finally had guinea pigs so immunized that

they would stand thousands of tubercle bacilli without developing a serious disease. The only explanation for this is that these pigs had their immunity, or specific resistance, to tubercle bacilli raised by the repeated inoculations.

Clinically, we have definite evidence of the value of reinoculation in the two types of tuberculosis - exudative and proliferative. It must be remembered that dead bacilli and tuberculin cause a reaction which is similar to that caused by living bacilli.

The exudative type of tuberculosis is the type that comes on in early years, before the patient has well immunized himself to bacilli and bacillary protein. The antibacillary properties of the tissues are low, and the bacilli develop rapidly. Consequently large quantities of bacillary products (tuberculin) are thrown into the tissues. These cause inflammation. The lesion is predominantly an inflammatory process. Predominantly proliferative tuberculosis, on the other hand, takes place by repeated inoculations of small numbers of bacilli, thus building up the antibacillary properties of the tissues so that the growth and multiplication are inhibited to a considerable degree. The reaction is only mildly inflammatory, but shows itself in building up scar tissue.

Tuberculin may be used clinically for the purpose of increasing the antibacillary activity of the tissues, and stimulating the process to increased fibrosis. Its action further desensitizes the cells and makes their inflammatory reaction less prominent. In this way the tendency to build up scar is increased. Clinical experience indicates that this may be accomplished.

The reason it has made a place for itself in the treatment of lesions of the eye, lymphatic glands, epididymis and sinuses, is because the effect is visible. In the lung it is less easily determined, but those of us who have treated tuberculosis consistently for many years with tuberculin are convinced that we see the same effects in pulmonary tuberculosis as are noted in these local lesions.

———————— ○ ————————

Doctor Pottenger was born at Sater, Ohio, in 1869. He graduated at Otterbein College, Westerville, Ohio, in 1902 (A.M.,LL.D.); and from Cincinnati College of Medicine and Surgery, M.D., in 1894 with highest honors.

He was a pioneer in the anti-tuberculosis movement in Southern California. He was instrumental in the organizing of the Southern California Anti-Tuberculosis League in 1902 (two years before the National Tuberculosis Association was established). The League eventually merged into the California Tuberculosis Association. He wrote the first pamphlet that was distributed by the latter Association in the campaign against tuberculosis. He founded the Pottenger Sanatorium at Monrovia in 1903.

Doctor Pottenger is Clinical Professor of Medicine, Department of Chest, at the University of Southern California School of Medicine; Vice-President of the California State Board of Health; past-President of the California Tuberculosis Association; President, Los Angeles Tuberculosis and Health Association; Fellow and past-President, American College of Physicians; past-President Southern California Medical Society; past-President, and Secretary for eighteen years, Association for the Study of Internal Secretions.

He is author of several books. He has made many contributions to medical literature not only in the field of tuberculosis but in other fields, particularly visceral neurology, allergy and endocrinology.

CABIN PARADISE

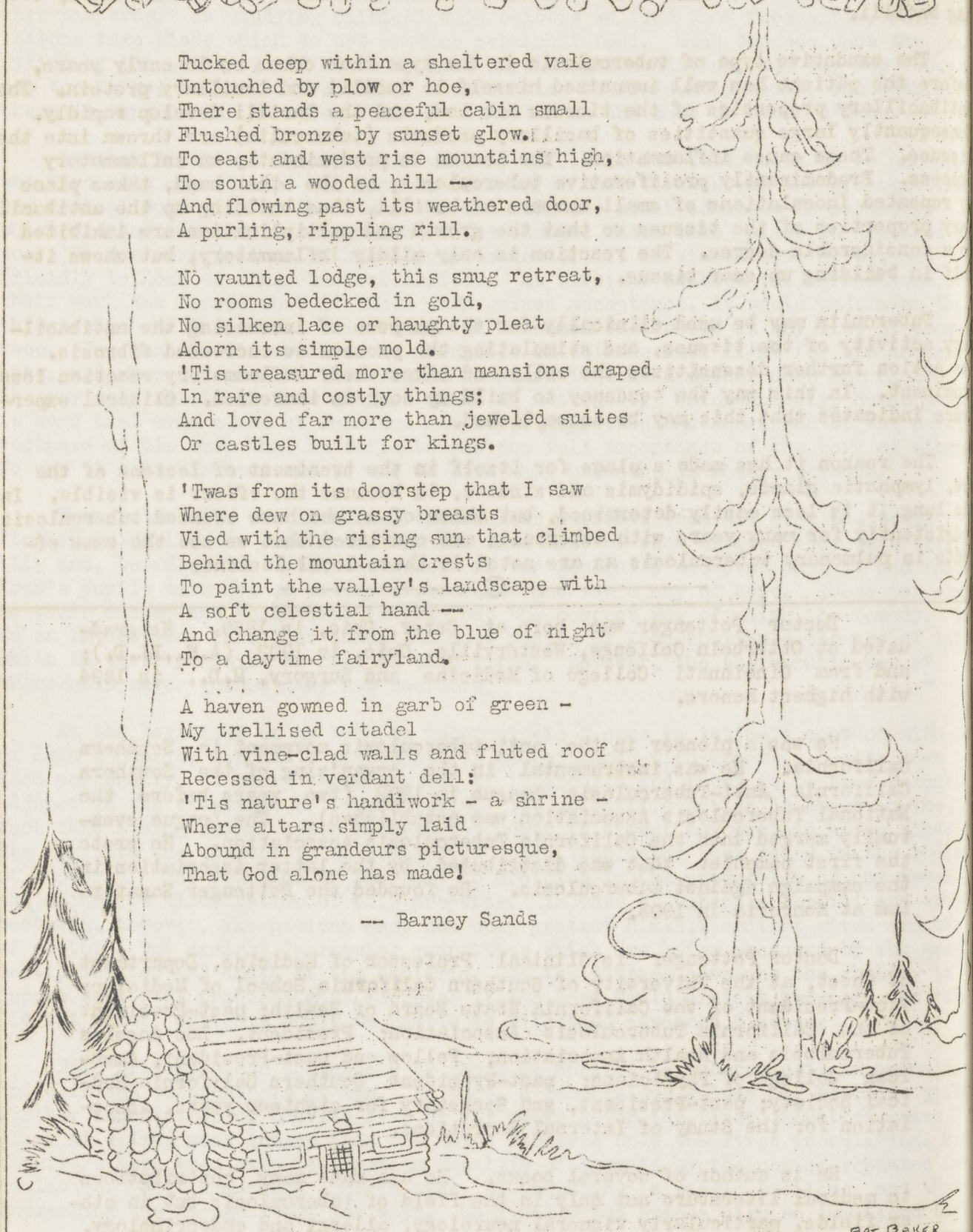
Tucked deep within a sheltered vale
Untouched by plow or hoe,
There stands a peaceful cabin small
Flushed bronze by sunset glow.
To east and west rise mountains high,
To south a wooded hill --
And flowing past its weathered door,
A purling, rippling rill.

No vaunted lodge, this smug retreat,
No rooms bedecked in gold,
No silken lace or haughty pleat
Adorn its simple mold.
'Tis treasured more than mansions draped
In rare and costly things;
And loved far more than jeweled suites
Or castles built for kings.

'Twas from its doorstep that I saw
Where dew on grassy breasts
Vied with the rising sun that climbed
Behind the mountain crests
To paint the valley's landscape with
A soft celestial hand --
And change it from the blue of night
To a daytime fairyland.

A haven gowned in garb of green -
My trellised citadel
With vine-clad walls and fluted roof
Recessed in verdant dell:
'Tis nature's handiwork - a shrine -
Where altars simply laid
Abound in grandeurs picturesque,
That God alone has made!

-- Barney Sands



MEDICAL INFORMATION, PLEASE

Q. - What are adhesions?
A. - An adhesion binds a structure to another structure. In the case of the lung and the chest wall it is merely an area that sticks or it may be a band of varying shape and size.

Q. - Why does a patient lose his air space in pneumothorax?
A. - If the surface of the lung becomes sticky, usually due to the presence of fluid, it may stick to the chest wall and continuance of the pneumothorax becomes impossible.

Q. - Does the rib cage retain its former strength after a thoracoplasty?
A. - As a rule it does. The amount of bone regeneration depends somewhat upon the type of operation performed.

Q. - Of what is sputum composed?
A. - Mucus, white blood cells, serum and bacteria. At times whole blood may appear in it and in exceptional instances other substances are present.

Q. - How many times may a phrenic be performed on one side?
A. - Usually several times. Sometimes the paralysis is permanent, however, after the first operation.

Q. - What is "gastric lavage" and what is its purpose?
A. - Washing the stomach to obtain germs that may have been swallowed during the night or to determine other characteristics of the stomach content.

Q. - Is it possible for that portion of a lung collapsed by thoracoplasty to break down?
A. - Yes.

Q. - Does pneumothorax affect the diaphragm in any way?
A. - In uncomplicated cases it does not.

Q. - What causes shortness of breath in a person taking a natural cure?
A. - It may be due to toxemia (fever), the presence of so much tuberculosis that ventilation is interfered with, or to a marked gain in weight.

Q. - Why is so much emphasis placed on gaining weight?
A. - Dr. Lawrason Brown used to say that if a patient gained from 10 to 20 pounds over his normal weight, statistically he would remain well. Good weight, in young people, usually travels hand in hand with resistance.

Q. - Does tuberculosis have any effect on the heart?
A. - Yes. The poisons may cause the heart to beat rapidly. With improvement this ceases. Very far advanced cases may have so much fibrosis that the heart cannot force blood through the lungs properly and this may embarrass the heart.

(Questions answered by S.J. Shipman, M.D., Chief of U.C. Tuberculosis Service)

OCCUPATIONAL THERAPY

By EDMUND MAHON, M.D.

The subject of occupational therapy is an old one; but the phases of it that concern us today are very new and of particular interest to the patients who are handicapped by the fact that they do have or have had tuberculosis. The whole process of rehabilitation is a "House that Jack Built". If the doctor has piloted the patient through a successful physical recovery, and the social worker and the occupational therapist have brought his morale back to par, thus making it possible for the doctor to complete his treatment of the patient, then the three of them have made it possible for the rehabilitation worker to do effective training, and the four of them have made it possible for the employment service to place the patient on a suitable job, and the five of them, doctor, social worker, occupational therapist, state rehabilitation agent, and placement officer, have turned a potential relief client into a self-supporting taxpayer.

Experience in vocational rehabilitation points to the urgent need of prompt contact at the proper time with the handicapped patient. A long period of idleness or casual work is deadening to initiative and increases the mental handicap to such an extent that it frequently outweighs the physical. A patient should not be allowed to acquire the invalid habit. Insofar as possible an occupation that is assigned should have a "carry-over experience" value when the patient is discharged, which is in effect a form of employment training or hardening process for his or her future livelihood. Occupational therapy is valuable both as a medicine and as a preliminary to vocational activity.

Quoting from Doctor David A. Stewart: "Taking care of the sick man should mean more than a bed, a diagnosis, or even a cure. It should mean something for the unfortunate man as well as for the wounded body; something for mind and soul, affairs and life. Lying in bed month after month may be good for diseased tissues; indeed it is a most important part of the cure for many ills, but it is not always good for people. Idleness, even therapeutic idleness, commanded and taught by the doctor, while it may cure physical disease, may yet bring about mental and even moral deterioration. A workless man is in danger of becoming a worthless man. When we are treating people with chronic illness some suitable occupation may be a physical advantage. It is a moral necessity. No man or woman can afford to lose all those days and months, or even to put them to one use only, if they can have other uses also at the same time. Of all occupations for such people, one of the very best, in our experience, is study. A patient, a book, and a teacher can make a start. Study can be along the line of a person's vocation or can lead to a vocation, and that is perhaps the most useful. But if it leads only to interest and hobby it may be almost as valuable to man, to citizen and to the state as education with a more practical aim.

Study will give the man better tools to work with, and what is of immensely greater value, confidence in himself. It was hard enough to make a living before illness, without a handicap. Study will help him to remove the greatest handicap of all -- a sense of inferiority. When a man has been given work to do and has done it, especially when he has added to knowledge or skill usable in his ordinary occupation, he goes out with courage. And there are equal advantages in study that is cultural, in history, language, literature and art. Even if not better prepared than he was for earning a living he is better prepared for living a life."

The psychological reactions of the average sanatorium patient follow a typical course. There is usally a terrific psychic shock following the diagnosis of the

disease, even where the patient is fully informed and intelligent. In a moment his whole world is changed. His normal activities are abruptly terminated. He must leave his usual surroundings and go to some "colony of the sick". He is tortured by fear of the possibly fatal consequence of the disease. And for many there are grave financial problems centered about the economic future.

When he arrives at the sanatorium, the patient finds that complete physical rest is the principal element of his treatment. He is taught the slogan: "Never walk when you can ride, never stand when you can sit, never sit when you can lie down." But his mind will not rest. When the shock from the diagnosis has passed, it is followed by a struggle to readjust his thinking to the changed and incredible circumstances of life as an invalid.

As the cure progresses and the patient begins to be conscious of the return of physical strength and the abatement of symptoms, another more normal and yet crucial psychological state usually appears. He becomes markedly impatient with the strict routine of convalescence. The monotony of his life seems almost intolerable. His physician realizes that these stirrings of awakening ambition must be at least partially satisfied. As the patient's condition improves, carefully regulated physical exercise is prescribed. Carefully regulated mental exercise is equally important at certain psychological state in the cure.

Unless advantage is taken of this critical period in the patient's recovery, psychopathic disorder again threatens him. If his revived ambition is given no encouragement, it frets itself away and is followed by a sense of utter futility and hopelessness. The patient has learned that tuberculosis has no degenerative effect upon the brain tissues and that brilliant achievement has been possible for men and women who have contracted it. But if he is given no opportunity to exercise or develop his capacities, when idleness is too long extended, hope of accomplishment may be lost, the mind becomes lethargic, the outlook blank, existence purposeless.

So the Craft Guild was established to create an interest in the patient's mind. How this interest is developed is of little concern as long as it takes the mind of the patient away from his worries and troubles. The Guild is always anxious to determine why that interest develops, that it may be known whether or not that interest will continue and be of practical mental benefit to the patient. The interest of the patients can be arbitrarily divided into three classes although many and varied combinations of these three classes may be present at any one time.

The first class is interest in instruction intended to create casual or purely diversional interest. The patient is happy and his mind is occupied while he is working, but, when he is through, the activity has left no lasting impression on him, and he falls back into worry and mental lethargy. This is, of course, the least desirable type of interest. Games and handwork of all sorts may fall into this group. But whatever the method of stimulating this type of "diversional" interest, there is always the possibility of developing a higher type of interest.

The second arbitrary class is interest in the avocational type of instruction. The student studies something to improve his social status, to acquire a desirable way of spending his leisure time. This is a valuable part of the Guild program. The building of cultural or avocational backgrounds is something in which the patient will be interested, not only during the time that he is taking instruction, but in the interim when he is thinking of his future. And he will be prone to sacrifice something to try deliberately to overcome a mental and physical inertia, in order to acquire this avocation. Hobbies, of course, are outstanding in this field, while languages and literature help in forming a cultural background. Perhaps one of the best means of arousing this type of interest is through occupational therapy,

broadly conceived. To many occupational therapy means only making things with the hands, occupying the hands as a means of diverting the mind. It is that; but it goes farther. It also introduces skill in the use of the hands and an inventiveness in the use of the mind, giving the patient something more permanent than mere diversion.

The third class of interest is that which has to do with the patient's ability to earn a living after his discharge. It might be called vocational interest; and is perhaps the strongest and most lasting. If the patient can learn something that will better fit him for his job when he has recovered; if he can be trained in some new occupation better suited to his physical condition following discharge; if the younger patient can be educated along the lines of his best aptitudes for certain types of work, the type of interest that develops is almost certain to be deep and lasting.

While the choice of the proper vocation is important for a normal, healthy individual, its importance for the tuberculous patient cannot be over-emphasized. The patient may learn that for the remainder of his life his energies will be limited and must be spent with care. Failure to recognize this fact usually results in a reactivation of the disease. It is a generally accepted principle that the type of work best suited to an individual's natural abilities requires less energy than work for which he is not fitted. For this reason it is important that the ex-patient choose a vocation suited to his abilities to withstand the strain of competition present in every occupational field.

The counseling techniques have proved useful in dealing with educational and avocational as well as vocational problems. Many patients are anxious to enter into Guild activities, but they have very little idea as to what they would find that would be of greatest benefit. Information gained from the tests and the interview often helps to solve this type of problem.

One of the important duties of the vocational couselor is to interview new patients as soon as they are well enough to engage in any of the Guild activities. In these interviews the program of the Guild is discussed, and attempts are made to help the patients choose those activities best suited to their needs. Where it seems advisable and the patient requests it, the aptitude tests are given and the results used as an aid in making recommendations. Here the services of a trained psychologist are valuable. Where desirable, steps are taken to provide the patient with the type of instruction he needs or desires. Occupational therapy is an integral part of a rehabilitation program.

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Edmund Mahon, A.B., M.D., was born in San Francisco in 1900 and graduated from the Stanford Medical School in 1930. His interneship from 1929 - 1933 was spent at Marine Hospital, The San Francisco Hospital, Stanford Hospital and the St. Francis Hospital. At present he is engaged in private practise in San Francisco and is Assistant in Instruction in Tuberculosis at the Stanford Medical School. Dr. Mahon has been a member of the Medical School Staff since 1933.

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No one ever practices quite what he preaches. If he did, he would be too unspeakably virtuous. -- John Homans, M.D.

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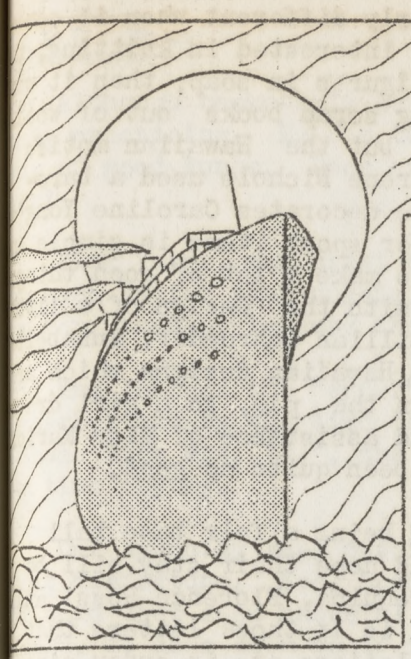


ROUND THE WARDS

--AT S. F. HOSPITAL

WARD 19

The jig-saw puzzle craze has once more hit the gang on ward nineteen. Anytime of the day, with the exception of rest hour, of course, you can wander around and see Dot "private secretary" Kirby, Kathy Lopez Mildred "Slug" McQuillian, "Chicky" Matsuzaki and others looking for "the piece that goes here." Comments such as "this piece must be missing" are forever being heard. Oh, well. The consolation is that the supply will be exhausted some time -- Oh, happy day!

○

Emily Alt played a neat trick on her roommates, Mary Ruck, Jo Sibelli and Rae Silver, by giving nary a hint that her birthday was in the offing. All was discovered, though, when we saw the truck load of cards dumped on her bed. Congratulations Em.

○

The race of gadgets is in progress, the greatest race of the century. Participants are two of our many beauties, Audrey Potts and Joy Flynn. At the present writing methinks Audrey has the lead, but it's only the beginning and anything may happen. So, if anyone has any gadgets they can do without, the address is Ward 19. All contributions gratefully received.

○

Vacations for many have ended for the nonce. And returning all tanned and happy is our good Dr. Hutchinson who spent a happy two weeks in the vicinity of Yosemite Park and has pictures to prove it.

○

"Skippy" Pineda is demanding her money back on a course in legerdemain, and we emphatically agree. Her trick of suspending a bottle of ink in mid-air was a big blot. A big blue stain on the west porch is the result of her failure to pass the test.

○

Little Audrey, looking at a picture, exclaimed, "Oh, look at the mama swan and all her little nuggest."

○

It is more than likely that by the time you read this three of our gals will leave to return to their homes and loved one. We wish the best of luck to Mary Mannina, Jane Ellery, and Rae Silver.

○

Only one demonstration of "Johnny" Johnson's ability as an acrobat would convince any of the circuses that her talent along that line has been overlooked. 'Bye now.

.....-- E. C.

WARD 31

When I hear the old adage, "Women are changeable creatures," I'm inclined to

believe that the girls in this ward are not particularly different when it comes to this idea of changeableness. One month everyone is interested in knitting, the next month in beautifully covering jars and carving figures in soap; then it was the learning of the daisy knit. Now the fad is making scrap books out of wood. They are all delightfully different in their designs, but the Hawaiian motifs seem to have an edge over the rest of the patterns. Irene Nichols used a barefoot boy with a fishing rod; while Pinocchio's picture decorates Caroline Yong's and Elvira Moreno's books. Betty Ryan's scrap book for sport items is simple and yet very effective. Frances Miller must be planning to make a lot of good things when she leaves, because her book is to a cook book, with the design of a little Dutch boy and girl. Dee Winward, Vivian Francisco, Lillian Schroeder, Annabelle Hollan, Angelina Biscarro and Pearl Leong have various Hawaiian designs which are very beautiful. Yours truly had to have her finger in the pie, so a girl drawn by Petty was designed. If it hadn't been for the kind assistance of Miss Marion Back, recreational worker, we're sure we wouldn't have been quite so good.

What's this we hear about our interne, Dr. Ferris, being a fair base ball player?.....We welcome the following into the fold and hope their stay will be a short and happy one: Elma Crawford, who came from Arequipa, Florence Rossi and Clare Costantini.....We've often wondered just what is in those letters that makes Dee's pulse rise. Hum, we wonder.....Congratulations are in order since wedding bells have rung for Evelyne Ortez who is now Mrs. J. Vargus. So, our best wishes to you.....Pauline Que accepts that challenge to play for the hospital bridge championship. She says that she has nine years contract bridge experience.

--H. R.

W A R D 32

Leaving us this month are Bernice Kelly and Eunice Saurs. Bernice has been a very conscientious and active member of THE CLARION staff, and we are going to miss seeing her busily parading through the ward. Eunice Saurs has gone to live in Los Gatos where we're sure she'll be very happy. Lots of luck to both of you gals.

According to reports Helen White and Leah Lenci are doing splendidly. Both girls left us last month, and we are glad to hear of their good progress.

The busiest girl on the ward these days is Roselpha Oberg. She arouses quite a chuckle among us when she comes out with, "Oh, I have only thirty three presents to make for Christmas." Besides the presents she has in mind she is giving considerable thought to the Red Cross by knitting. Such ambition!

We are glad to see Miss Hartman return from her vacation. When telling us about her trip, she related to us that she had been keeping a diary of her most interesting experiences. Imagine her surprise when she found her little niece was keeping a diary also. Yes, a copy of Miss Hartman's.

Goodies: One of the happiest girls on the ward is Pat Perry. She is allowed all up privileges after her previous surgery.....We would like to know why Rose Holland was wearing a big corsage of baby roses and a bride-like smile one Thursday afternoon.....Champion knitting pupils are Barbara Freeman, Edith Berger and Toni Verdonk. No freezing this winter.....Drs. Halter and Treadwell please call for two elephants answering to the names of "Junior".

--L. D.

WARD 28

Although basketball season is three months away, "Jockey" McDaniels is already practicing. He has the equipment necessary, and all that is needed is a pair of good lungs. Does anyone around here know where he can pick up a cheap pair?

Dick Vance, our night orderly, arrived back from a vacation at Hoberg's looking much better than anyone expected. It's hard to understand how he acquired the tan, though, because there just ain't no sun between 6 P.M. and 6 A.M.

Mrs. Johnson the "super" of "28" left for her vacation in the early part of September and by the time this reaches print she will be back at the daily grind. Welcome back Mrs. "J.", and believe it or not we did stay in bed! Well, most of the time anyway.

Our sympathy goes out to the boys at the "farm". What is our good luck is their misfortune. Yes, Leonard Tovani has finally been transferred to Hassler. The ward does seem peaceful and quiet, doesn't it, fellows. Kidding aside though, it does seem as if there is something missing. Now we have no one at whom we can holler.

We'll take this opportunity to say good-bye to Dr. Bryner. We will miss that swell pneumo' technique, no foolin'.

Have you noticed those pretty Chinese girls that come to see Goodman Loy? They are really knocking the boys out, and it seems Goodman must be the Beau Brummel of Grant Ave., as they are the best looking we've seen yet, and that's the truth.

For those whose windows overlook the entrance to the Chest Clinic it is a source of wonder as to what could possible be wrong with some of those cute gals who go in and out. From our point of view there is not a thing wrong with them, NO SIRREE. Of course there are less cute ones than otherwise, but it is to the former that we refer.

Wishful thinking: If that building used as a car barn for the Market Street Railway busses were only Kezar Stadium instead, we would decide to stay back and really take the cure. Our window would be as good a vantage point as any money could buy. Just think! A ringside seat at the St. Mary's - Santa Clara game. Oh, well, we can dream can't we.

-- R. W.

WARD 26

From the ridiculous to the sublime is but a short step when it concerns the reading tastes of Room G. Last week there was an excess of true detective material on hand; and this week finds in evidence naught but high falutin' philosophical works such as: Nietzche, Durant, Kant, Spinoza, etc. And incidently, while the studious Gastesi was perusing Durant's Story of Philosophy, he found a word so darned long (a good word "darned") that he couldn't pronounce it. Can anyone? This lead to curiosity on the part of Barnes and yours truly, and we scrambled out of bed for a look-see. And what a word! Now my literary friends, how'd you like to twist this one around with your mouth full of mush? Here 'tis:

METAPHYSICOTHEOLOGICOCOSMONIGOLOGY

To which we add "Wow".

VIGNETTES. This and that: Honorable mention goes to "Mama" Christian and F. Riley for speedy enveloping of matresses in snowy linen . . . If John Alves will look close he'll find his name in The CLARION . . . Wonder if Earl Hammons will mi a story about him in next month's ward news? . . . And we have one about Miss Mallick ... Dr. Kasuga has apparently relegated his faithful old "lizzie" to the scrap heap. He is seen flashing by in a swanky Gas Chariot these days ... Mrs. Snyder, our titian haired night nurse, has gone for a short visit to the village o Los Angeles. She'll be back by the time this comes off the press - we hope! . . . Recent arrivals include: Dean Bender, John Cameron, Jack Sanford, Saburo Suenago, Alexander Crawford . . . . Axel Johansen is recuperating nicely from his thoraco-plasty . . . Ditto - Angelo Garcia - now an habitue of the Dining Room.

Bone Hollow Notes - Gentlemen: pay no attention to those queer noises issuing from the confines of the boneyard. They are but vociferous notes of mirth emanating from that talented artist and prolific producer of etchings, one Joe Donlin. And those bangs you hear in that vicinity are but the clashing of political opinions 'tween Joe and that convex songster, Frank Berg . . . Old Man John Weisel is more or less subdued from his bout with the medics, but claims that they caught him napping. . . Julius Pommer lost at pedro so often that he developed a pain in his lumbar region, (that's his story) and claims he can't play until it is gone. Heh. Heh

--B. S.

WARD 25

Now that KSFH has introduced one Professor John Varrentzoff, he of the beret and Leningrad and points between here and there, perhaps mention should be made of the way he ticks. Some points were neglected by his interviewer. We maintain that he is one of the few who can shave while fully clothed, and the precision with which he applies the lather is a caution. The might and main required to get him into his going out duds, came pass day, is a tale that should be told another day. What with shoe-horns and that half suspender that came with the suit he was finally fit to face the outside world.

And speaking of the land of Ivan Skavinski Skavar and the Cold Northern Star we might introduce Henry Stovsky. He stepped across the Siberian Steppes with the White Army that started out 300,000 strong and landed in Vladivistock with just a handful of the army left. Stories of freezing rivers, of men tied in their saddles; of carloads of gold passed up on the way because it was too heavy and wouldn't buy anything anyway; of hand to hand fighting. It almost makes these "bugs" of ours sound like a picnic.

The Government's Destroyer Deal really has "Tin Can" Jack Stinson hot under the collar. Years of sailing on these boats has given them a place in his heart which makes them too good as a trade for anything or anybody. However, if you have any old watches that need repairing all will be forgiven. He's only a couple of whoops and a holler from the best shops in town.

CLARIONETTES: Nick Pinna had quite a blow-up after that adhesion clipping. Said he felt like a pouter pigeon, or was it a ruffed grouse? Which should get me the bird.....Anyway, K.M. thinks puns are puny.....Everybody else has said something about the new showers, and who am I to be different?.....Ludvik Johnson says that there is nothing in the world like a cast on your leg to make you stay in bed and take the cure.....This ward in nothing if not original - no knitters and no airplane builders. Try matching that .....Even the Seals' most rabid supporters have gone for cover, but there's big talk for 1941.

-- H. H.

ARD 24

Overheard in Ward 24 about last CLARION day:

"I wonder why I've never made the CLARION?"

After thinking the matter over we wonder too, as the remark was made by our ight Supervisor, Miss Julia Dugan, who is one of our nicest and best liked nurses. good CLARION booster, too.

○

Since the last issue of The CLARION a number of the boys want an understand- ng regarding the various nick-names that broke into print. "Snuffy" Smith wants he fair sex to know that he got his from the Barney Google comic strip, and not cause he uses Copenhagen. We wonder if he isn't trying to keep something secret, ough. And then we have Teusaac Wong. Teusaac wants to change his given name o Bo. He thinks Teusaac sounds too much like "too sick", and as he is practically ll he would appreciate the change.

○

Our ward is now distinguished by having one of its members serve as altar boy d microphone man during the Sunday morning Mass, and from all reports Leonard inigan is doing an excellent job. (Since this is written Leonard has left us and ken up residence at the "farm". How are the corn and potatoes coming along, onard?)

○

Here is a minute description of our ward. The heavy-weight is Frigeni; the ddest nose belongs to Catelli; tallest, Jorgensen; shortest, "Andy" Anderson; ldest, Morris; youngest, H. Anderson; oldest school boy, Burrows. Amond the loud- t talkers Franklin takes the cake, while the waviest hair belongs to Bill Smith. e Casanova of the ward is dashing Dick White. Most silent is Bradley. Turner s the big politician; laziest, Lau; most ambitious, "Nick"; best at knitting, erry; ladies favorite, Roberts. Jordan is the Kentucky Colonel; Spanish Lothario ndia; while the best looking guys are Flynn, and among the older men, Meeks. The inese have Dong to represent them in this category and the colored patients have lver. The biggest baby is Balistrieri. Paulis has the best disposition, and the om man of the ward is Grimaldi. The most literate is Finigan, and the craziest ..? ll, you guess.

-- D. R.

ARD 23

Recent 'round the bed discussions have led us to believe something's cooking. ems some of the lads are practicing vocalizing. And all for the unique honor of pearing on the KSFH hookup with a quartette. "Beethoven" Borini, with a gleam in s eye, was heard do-re-ing to Ray. Could be the leader of this quartette? Could e.

○

The most confused person in this ward was "Roscoe" Jones who boasts of the rgest model plane ever built locally. Seems his ship was nearly assembled when s closest crony, "Crushy" Seleey, accidently (?) pushed his foot through wings, uselage and tail assembly. (Heavens! Such language, Mr. Jones). Indeed he truly serves some honor, for he immediately orders a similar kit, and now that one is arly completed. We dare any kibitzer to touch a part of this model. Yeah! We uble dare you.

○

Members of Ward 23's "Dead End Kids" left to right, "Gattling Gun" Gus, "Cow- y" Carlson, "Gorilla" Gleeson, "Bad Boy" Baker. And don't think they're not ugh. Couldn't get a pneumo needle into any of them.

○

Andym the orderly, was trying to teach one of the boys how to say Harry. His

pupil insisted on "Hally". Andy got fancy and had him say "Hah Wee". Convinced that his methods were infallible he again asked for "Harry". All he got was "Hally". The result is a prolonged mutter from Andy that goes on and on.

-- R. D. B.

W A R D 22

Have you heard how Charlie Horn got into the fight game? Well, here it is. It seems that when he was in his late 'teens he had a job with a farmer whose ranch was located near the training camp of the current heavy weight champion of the world. One fine day the farmer gave Charlie the task of plowing a field near the main highway. Charlie drove the horses so fast with his plowing that they soon tired, and he was forced to unhitch and rest them. While waiting for the team to rest Charlie took the plow and began pushing it around by himself, finding this easier to do than idly holding the reins.

While plowing in this unorthodox manner Charlie was hailed by two strangers from the nearby highway. They asked to be directed to the champion's training camp. In his eagerness Charlie absent-mindedly picked up the plow to point the way. There was so much energy in this action that the plow slipped from Charlie's grasp and fell at the feet of his inquirers fifty feet away.

Naturally, these men were amazed at such an exhibition of unconscious strength and exclaimed to Horn, "Come on, fellow, you are going into the fight game. No more plowing for you!"

And that, my dear readers of THE CLARION, is the way Charlie Horn became a fighter. At least that was the way it was related to your reporter.

○

Our regular law-giver, Mrs. Crowe, has returned from her vacation looking very much rested and prepared to cinch up another notch in our routine ward discipline.

○

Nels Anderson took a month's sojourn to Ward 28 where he lost twelve pounds. Wonder if it was homesickness? Anyway, he is now back in the fold of Ward 22, and we hope he'll thrive again under the influence of the old familiar place.

○

Our current mystery is Bob Collin's self-imposed bed rest which has surprised his system as much as his fellow patients. His friends fear he will not be able to take advantage of his coming opportunity to go to Hassler.

-- A. P.

--AT HASSLER

W A R D S V - VI

TITLE: "Who knows more?" or "I don't know a thing, but..."
CHARACTERS: Clarabelle and Maisie.

CURTAIN

(Clarabelle is speaking over the phone)

Clarabelle: Hello Maisie? Clarabelle speaking. What's doing?....Nothing..? Just wanted to know! ... No! I don't know a thing!!

Maisie: Wasn't it funny about Linda Lo....

Clarabelle: Yes! poor thing. Margery was trying to show off her caterpillar, and Linda took one look at the face he dropped off. And threw house and "Oscar" on the floor !! and what a scream !! Poor "Oscar" was scared to pieces! .....

And didja hear about Speed being locked in the bathroom one night?...Second time it's happened. This time the night watchman came to rescue her. The girls were in stitches!!

Maisie: Yeah!! and do you know anything about Ethel Ry.....

Clarabelle: She's gone home you know!! So has Marie Massa. And you know when Miriam Rutherford went home, the girls made her so many corsages from flowers collected around the wards that someone suggested she looked like a float.. Clara Raggazino and Mary Groves came from Ward 32. We're sure glad they're here! !... Didja hear Hal Edler is alias Madeline Carroll? Kinda cute, No!... Ask little Helen what she thinks about Coca-Cola now! ! !

Maisie: Have you heard what little Helen.....sa.....

Clarabelle: Yes!! she's having trouble with her wee's wobbelus again. Imagine saying "I'm full of snats bites" and then coming from the Dentist, and saying he put in a "timpermental filling"!! .... And Emily Heltzinger finished her sweater.! Boy, oh boy is it a beaut!! .... Didja see the bat Dolores Benson had? It was little and furry, and he'd spread his wings so cute!!.. It really belongs to Dr. Young tho. But Dolores let him loose, Whew ! ! Away he flew.

Maisie: Did you know Nan.....

Clarabelle: Yes, poor Nancy's turtle died, and she won't tell us where she buried him. But there were flowers and everything that goes with it. Oh, just a riganarole! ! Such a fuss over a turtle! ! .... You know Elaine Louie and Doris Loscutoff are really pushing Mlle. Chanel for honors, the blouses and hand work they have fashioned are gorgeous ! ! !..Gosh, I don't know why, but this past month has been dead! !.. I don't know a thing about Ella Lowell! !..

Maisie: Say, whose's the one Donnie puts mascara.....

Clarabelle: You mean why Donaldina Tom puts on mascara? I don't know ! ! It's a mystery ! ! I think she's been using it every day.... But who is the "one"! ! I think I'll ask Miss Joyce ! ! !.....Well, I'll be seeing you Maisie. Be good now.....

Maisie: That's true .....But the accident of Olg....

Clarabelle: Oh ! ! ... Olga Galvan ! ! ... can she help it if she take's a whole roll of film, and taking it out of the camera, she drops it, and it unwinds. Butter fingers! Wasn't that a silly thing to do? Two pictures turned out, out of a roll of sixteen ! ! !

Maisie: O Kay, Goodbye Clarabelle, call again,

(Clarabelle hangs up)

Clarabelle: (With a sigh) My gosh! ! But that woman can talk. It's a wonder I got a word in edge-wise ! ! Tut tut! !.....

(She gets up and walks off the stage)

-CURTAIN-

--M. M. -- N. J.

WARD I

There is one thing about our ward which distinguishes it above all others, whether at the City Hospital or Hassler. We have a "Tenderfoot Troop" of scouts consisting of "cubs" Balliet, Perez, Silvey, Calvin Lee, troop leader Malone, and (sorry to mention my partner's name) legal advisor Siegel. How about trapping some of those rabbits for a nice stew, boys?

O

One moonlight night when I was suffering from insomnia, I was curious about a certain mumbling coming from my neighbor, Michael Flynn. Soon, his mumbling becoming more coherent, we were amazed to hear a burst of song, "Playmates" in fact. Fortunately for us we went to sleep but the others in the room don't recommend Mike's mumblings for a sleeping potion. We are waiting for him to walk in his sleep.

James Balliet celebrated his fourteenth birthday on August 30. Wonder if he can sit down now.

The efforts of the Ward 1 philat elists were rewarded when they won a tie for first place in the stamp contest. All questions were correctly and fully answered.

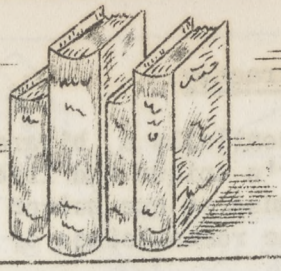
We hope our editor will soon receive some of the drawings of Calvin Lee. As Calvin's work has been done without benefit of any previous instructions, it is, therefore, native or rather natural talent. We enjoyed his sketches of Chinese life done with a Chinese writing brush and ink. The CLARION could reproduce them well enough so that everyone might appreciate them too.

And the rains come and we go into the rooms; and the sun shines, and we go back out onto the porch, and the rains come -- oh, well it's still fun. Mr. James Malone made up his mind to stay on the porch as long as the girls stayed out on theirs. "They will think we are cream puffs", says he. Then the rains came -- "Cream puff" Malone they call him.

-- I. G. & N. S.

TAKE SOME OFF THE TOP, SIR?

BOOK NOOK



A WORD ON CRITICISM

Fortunately, no two works of literature are identical. Each has one or more distinctive features in plot, style or subject-matter. By the same token, no two readers' interests in literature are the same. True, a similarity of tastes might exist; but, in detail, some difference will always manifest itself.

This obvious fact is one reason why library shelves are stacked with books on various subjects appealing to various reader-interests. It has brought us the corner-store magazine rack, with its "something of everything" - from the effect upon society of rearmament to the latest adventures of "Danny the Dip".

In the face of all this, the impertinence of foisting our personal selections upon other readers becomes doubly apparent. Yet the insidious habit of tending our neighbor's literary garden continues to develop, apace.

It all began, we suppose, with the first criticism of Grecian art; and was helped along, during the middle centuries, by certain contemporary busy-bodies. Today, the same tendency is more pronounced. It is exemplified by the prevalence of literary critics who set themselves up as authorities on what we may or may not read.

The usual book-review, dealing mainly with text, characters and plot, is a necessary adjunct to intelligent reading. It is a short summary - a time-saving device. But the work of the literary critic is entirely different. It usually takes the form of a psycho-analysis of the author. The "critic" delves deeply into "backgrounds". He pretends to know the "purpose" behind the writer's every gesture. He flabbergasts us with mystifying words and phrases - signifying nothing. He flourishes on strange, weird psychological trends. Yet, when we ask him to explain himself in understandable language, he assumes a supercilious air; and we are forced to conclude that he just doesn't know what he's talking about.

We believe it was Pope, or Dryden or Ben Jonson who said of the critic:

"A harmless blockhead, ignorantly read,
With loads of learned lumber in his head."

It is surprising to learn how many really good books escape the notice of these "harmless blockheads". And it is a comfort to know that the great majority of Americans, despite the "critical" influence, still read what they want to read because they want to read it.

To our way of thinking, there is no greater tribute to independence of thought than the picture of our Mr. Bangs, relaxing in his easy-chair, his nose buried in "Double-Dime Detective"; while his elderly aunt re-reads her favorite volume of Louisa May Alcott.

All of which is as it should be - free choice among free people.

-- Bernard Barnes

ELIZABETH AND ESSEX, Lytton Strachey

Elizabeth and Essex is essentially a biography of Queen Elizabeth of England and her court. Lytton Strachey's unique and lively style of writing embellishes it with all the intrigue and suspense of our better popular novels. The book adheres strictly to facts and at no time romanticizes or tones down any of the characters.

Elizabeth in particular becomes real and understandable. Hers was the difficult task of doing a man's work in a man's world. She has always been credited with a strong, cunning, and masculine personality by historians, but Strachey suggests that this was not essentially a fact; but the resulting impression from her peculiar luck. Elizabeth never acted until forced to, and then by some strange coincidence it always resulted in her gain. Her weaknesses were often mistaken for strength and purpose, and much subtleness and charm was credited to her which was not her due.

With a more positive personality Elizabeth might have lost the throne for she would not then have kept all factions dangling in uncertainty. Her undecided and hesitant habits made it difficult for anyone to attack her principles or intentions for they were seldom known and if known were so constantly changed that it was impossible to start a counter-plot. Elizabeth was famous for her fluctuation of power and attention between Sir Walter Raleigh and the Earl of Essex. She allowed neither of them to retain favor long enough to establish dominance or any threat to the throne.

England during the Renaissance becomes lively and interesting under Strachey's pen. The entire era is brought out by his development of the characters and a strange air of modernness filters into the story, probably due to the emphasis on human foibles which do not change with time.

Because of the wealth of information, the vivid characterizations and its intriguing style, Elizabeth and Essex becomes a "must" book on any list.

-- Reviewed by Norma Johnson

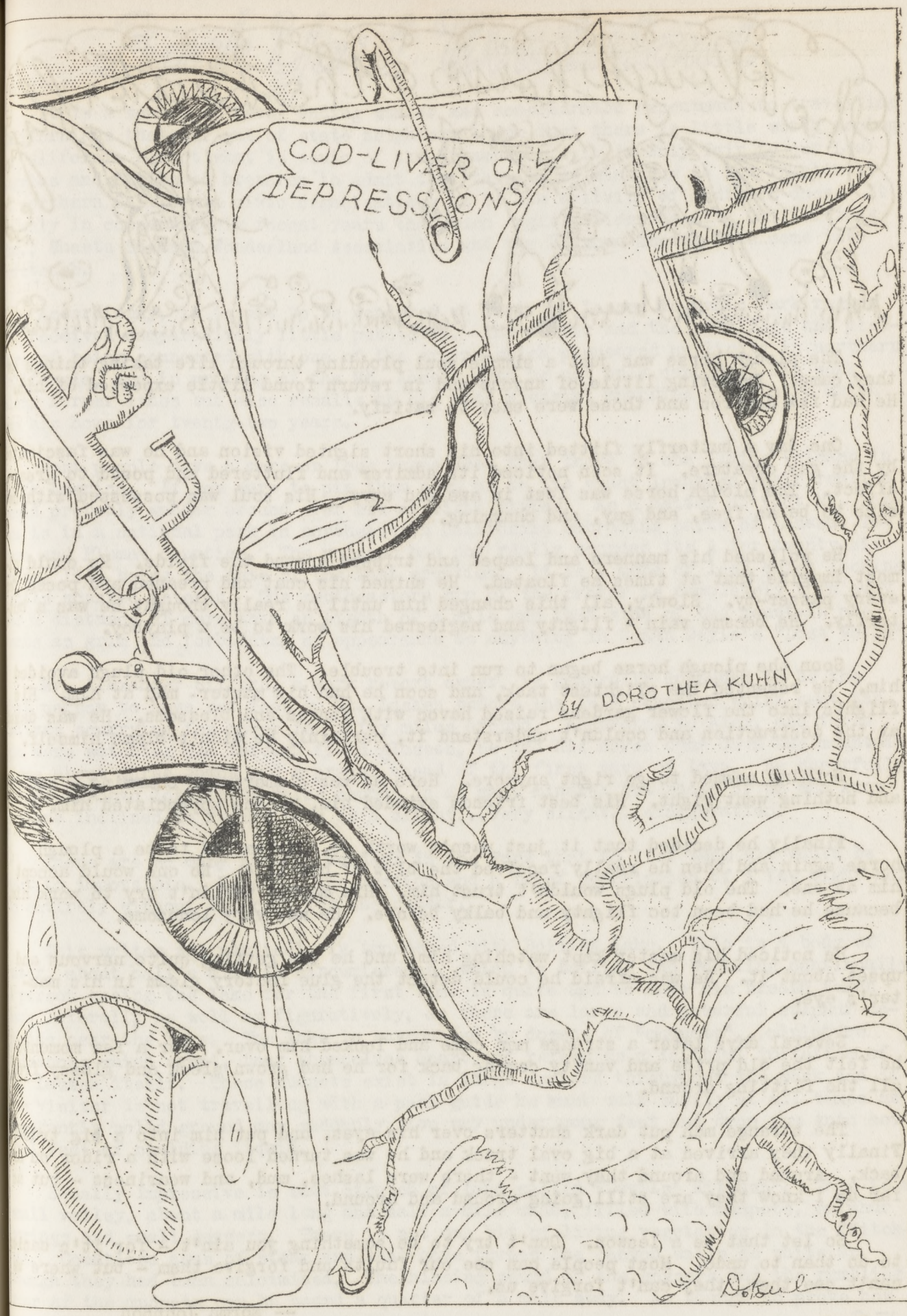
WAKE UP AND LIVE, Dorothea Brande

If we read conscientiously we cannot help but feel the power of this book and if we just skim it, it will still have some effect upon us. It will lift us out of our haphazard, lethargic, drifting, day-by-day way of living and make us plan our life, our days, minute by minute. This is not the "New Year's resolution" type of plan for it carries a message which cannot be ignored.

Miss Brande strikes at vital weaknesses in our character and arouses action. Are we discouraged? Is our life dull? Are we timid? Do we always accept the easy way? Are we substituting something for what we planned to do? Are we living up to our full capabilities? "We are victims to the Will to Fail . . . It takes energy to fail . . . With the time and energy we spend in making failure a certainty we might have a certain success." That is not the crux of the situation. I leave the author the pleasure of presenting the antithesis of the problem. She presents her formula for success in such a manner that one feels its potency while it is still only partly absorbed. Here is a magic panacea for success; and, as attested by her own fortune, and demonstrated by the myriads of letters received by the publisher's office, it really works.

For us it is a particularly inspiring and stimulating tonic.

-- Reviewed by Gordon B. Stone


COD-LIVER OIL
DEPRESSIONS
by DOROTHEA KUHN

The Plough horse & the Butterfly

The plough horse was just a simple soul plodding through life taking things as they came. Expecting little of anyone and in return found little expected of him. He had few desires and those were easy to satisfy.

One day a butterfly flitted into his short sighted vision and he was fascinated by the gay creature. It soon noticed its admirer and fluttered and posed to great affect. The plough horse was lost in awe and envy. His soul was possessed with desire to be as free, and gay, and charming.

He polished his manners and leaped and tripped around the fields. He could almost imagine that at times he floated. He shined his coat and preaned and posed for every passer-by. Slowly, all this changed him until he really thought he was a butterfly. He became vain - flighty and neglected his work to be a playboy.

Soon the plough horse began to run into trouble. The other old plugs avoided him. He resented the slightest task, and soon he had his master mad at him. His flights into the flower gardens raised havoc with fences and blossoms. He was dazed at the destruction and couldn't understand it, certainly he didn't blame himself.

Nothing seemed to go right anymore. Here he was glamorous - charming - and gay and nothing went right. His best friends avioded him, no one appreciated him.

Finally he decided that it just wasn't worth it. He wanted to be a plough horse again and then he really received the blow of his life. No one would accept him as one. The old plugs wouldn't trust him. His master wouldn't try to work him, because he had been too flighty and balky before. He was very lonesome.

He noticed his master kept watching him, and he was getting quite nervous and upset about it. He was afraid he could detect the glue factory gleam in his master's eye.

Several days later a strange man came and looked him over. For a few moments he felt the old pride and vanity coming back for he had grown sleek and glossy from all the flitting around.

The strange man put dark shutters over his eyes, and put him into a big truck. Finally they arrived at a big oval track and he was turned loose with a rider on his back. Around and around they went - there were lashes, mud, and weariness - but as far as I know they are still going around and around.

So let that be a lesson. Don't try to be something you ain't - for it's easier to do than to undo. Most people can see our faults and forgive them - but where we can't see them, they can't forgive us.

— Norma Johnson

Back Yard Wonderland

It is a source of never ending wonder and considerable resentment to travelling lifornians that our out of state neighbors think that there is little worth seeing California except what is south of the Tehachapis. It is only fair to our Los geles and Hollywood brethren to admit that this is as much due to the inactivity northern California civic organizations as to the activity of southern ones. It only in comparatively recent years that such organizations as Alta Californians c., Shasta Cascade Wonderland Association and the Redwood Empire have come into istence.

Accordingly, it is not to be wondered at that the Lassen Volcanic Park region s received comparatively little publicity. The writer had the privilege and plea- re of being connected with one of the groups which pioneered publicity in northern lifornia, and in writing of the Mt. Lassen area he not only continues his work long former lines but also recalls to his mind pleasant memories of country which s his home for twenty-two years.

Most people have a more or less vague idea that there is one living volcano in rth America. If you were to pin them down as to its exact location their replies uld probably wander around over six or eight states. As a matter of fact Mt. Las- n is in a national park in northeastern California embracing parts of Lassen, Te- ma and Plumas counties. The volcano has not really sounded its A for twenty-six ars, 1914 being the date of the last eruption. It is a more or less quiet looking, ttle scarred veteran. The southeastern rim of the crater is completely torn away r a distance of more than an eighth of a mile and that side of the mountain pre- nts as grim and forbidding an appearance as anything in Conan Doyle's "Lost World".

Mr. Alexander Sifford, a Park resort owner, is generally conceded to be the st person to have set foot on Mt. Lassen before the 1914 eruption which sent the tives scurrying for cover for fifty miles around. According to Alex, and those o were watching him through field glasses, he and his horse came down the mountain lope about three jumps and a prayer ahead of the first wave of lava. He cheerfully laims to have lost forty-three pounds in as many minutes but those of us who know m are inclined to regard this as a slight...very slight...exaggeration.

There are so many natural wonders in the Park that to list them all would be xt to impossible. However, the mention and a brief description of a few might not e entirely without interest for the reader.

This writer was particularly impressed with Boiling Lake. This is a body of ter, about half a mile in circumference, which is boiling and bubbling continually. person seeing the lake for the first time is quite apt to have his breath taken ay literally as well as figuratively, as there are large and powerful sulphur de- osits near the lake. The lake is surrounded by dozens of "mudpots"...miniature olcanoes which erupt, tear themselves apart and reform in a faithful imitation of t. Lassen itself. These mudpots exist in large numbers throughout the park and if he visitor is not travelling with a park guide he must walk warily at all times as pparently solid ground may suddenly give way under your feet and drop you into sev- ral feet of scalding liquid.

Equally impressive is that stretch of land called "Devils' Kitchen". This is a mall valley, about a mile long and half a mile wide, filled with mudpots, sulphur prings and small geysers. There is not one bit of living vegetation in the "Kitch- n". Countless ages of steam and heat have turned the canyon walls as white as hough they had been calcimined. The hissing sound of the geysers and the rumbling oar of the mudpots can be heard a quarter of a mile away. As though to prove how

versatile she can be, Mother Nature placed a small stream of water winding slowly through the midst of this miniature inferno. The water in the stream is ice cold despite the fact that the rest of the valley is an almost unbroken mass of volcanic matter.

The sulphur which is produced in the various "mudpots" is in practically the same condition as the sulphur your druggist sells you over the counter. If you want pure natural soda water there are three or four wells around the premises to fulfill your wants and you can roast at 110 degrees in the Devil's Kitchen or freeze to death at twenty below zero in an ice cave two miles away. The entire region is a mass of contradictions and breath taking surprises. It is almost as though Nature wanted to show how many freakish opposites she could assemble in a given space.

Bumpass Hell is a collection of the biggest and most dangerous mudpots in the park. The cautious visitor will do well to take either a professional guide with him or someone who is familiar with the country. The ice caves, while not beginning to compare with more famous caverns, are still a highly interesting maze of underground chambers. One ice cave in particular holds a grisly fascination for the tourist as it was here that three wagons of an overland immigrant party crashed to destruction during an Indian massacre in 1866.

The Volcanic Park is becoming more and more popular every year. The Mt. Lassen Ski Tournament now ranks as a major annual athletic event. The completion, several years ago of the "Loop Highway" which winds around the volcano itself, offers the mototist a fine road and scenery which cannot be surpassed anywhere in the world. The various park resorts offer adequate accomodations for a weekend trip or a months vacation and there is plenty of good horseback riding, hiking and swimming. Too, prices have not skyrocketed beyond the ordinary person's pocketbook. It is safe to say that dollar for dollar, Lassen Volcanic Park offers as pleasant and educational a vacation as any place in the world.

One word of caution to the ladies if they should ever go to this region. Do <u>not</u> go hiking through Devil's Kitchen in a pair of high heeled shoes. The writer had the misfortune to attend a convention at one of the park resorts which included a hike through the Kitchen and a woman with high heeled shoes. Suffice to say that the combination proved disastrous and the writer, along with two other perspiring and secretly cursing males had to lug the sweet young thing over a quarter of a mile of mudpots, baby geysers and boiling sulphur springs.

When she was finally on safe ground she remarked, "That's a very nasty place down there". To which the writer replied, "Lady, that's one place where they're not fooling when they say 'One slip and your name is mud' ".

-- James Cook

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remarks

Dame Nature is inconstant. Note
How summer showers turn to snow;
How tides, e'er shifting in the seas,
Are now at ebb, and now at flow.
But 'tis a lady's right, we find,
-- Her privilege -- to change her mind.

-- Bernard Barnes

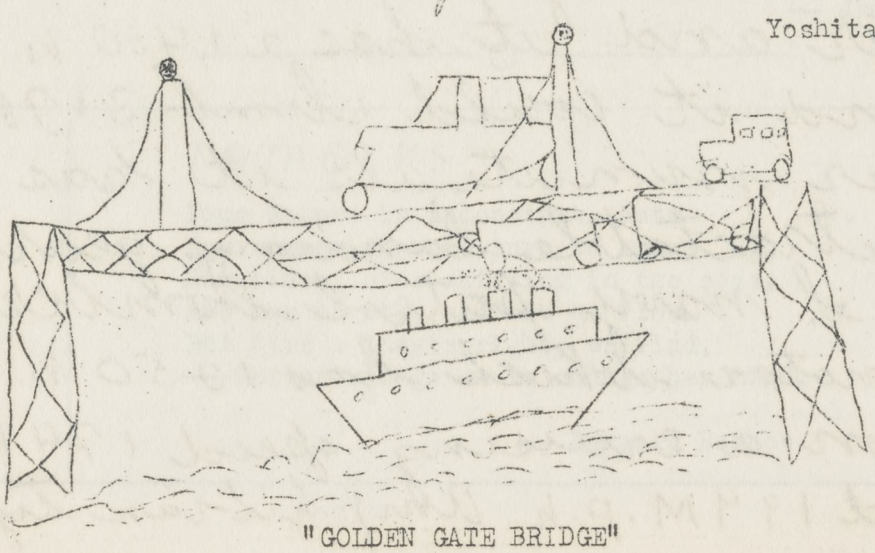
CHILDREN'S CORNER

juvenile words on defence

Today the boys of Ward 29 is having a great collection of airplane pictures. A nurse in our ward is getting us some card which the picture is on it It is very interesting because these pictures is about the United States Airplanes. The are fifty or more of these airplane pictures. Some boy have thirty twenty fourty ten fifteen ETC. ETC. I will tell you about these U. S. bombers. This U. S. army attact bomber goes 275 miles per hour and it has a 1,400 h.p. motor and it could climb 3178 feet per minutes. It has a fully retractable landing gear. This U. S. navy patrol bomber has a motor which has 1050 h. p. It goes on a cruising speed 174 M.ph. Top speed 194 M.p.h. Amphibian type

has fully retractable tricycle beaching gear. Has proven particularly successful in long range patrol practice flights to Alaska, Hawaiian Islands and the canal zone.
The U. S standard bomber is a late type especially designed for dfective bombing. While no definite information regarding performance rating has been released it may be assumed that this ship will perform military duties as successfully as other Douglas bombers used by the army air corps. This U. S navy scout bomber has new cyclone-powered curtiss SBC-4 U S. Navyscout bomber. Fast and maneuverable. Designed to operate from aircraft carrier completely retractable landing gear.

Yoshitaki Takahashi
Age 11 years.

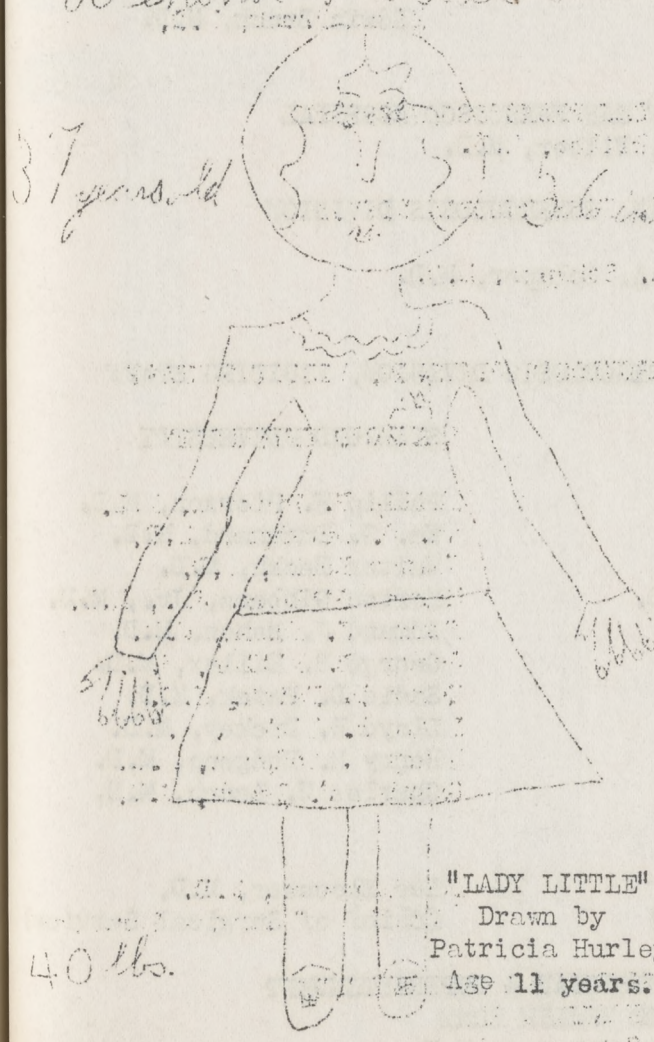


"GOLDEN GATE BRIDGE"
Hung Yim - - Age 6

the fair

We all want to thank Doctor Schaper for letting us go to the fair And to the others who help. We rode on the merry - go - round And went into the lost land And saw tiger lion camel And many other thing. And we saw a small lady she was 3 ½ inch tall and weighed 40 pound her name was Lady Little Beyond Federal Building we saw the lowler And we saw a sea plane. Then we had some scone And milk and hot dogs. It was very good. We met the Mayor of the Bayway and we saw a nice tiger. We wish that Uncle Sam past Because we had so much fun.

Aurelia Baltazer
Age 10



37 years old

40 lbs.

"LADY LITTLE"
Drawn by
Patricia Hurley
Age 11 years.

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The CLARION

NOV 6 1940
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SAN FRANCISCO HOSPITAL
TUBERCULOSIS DIVISION
&
HASSLER HEALTH HOME

VOLUME I NUMBER 10
NOVEMBER 1940

The CLARION

THE EXISTENCE OF THE CLARION IS DEPENDENT SOLELY UPON FINANCIAL CONTRIBUTIONS RECEIVED FROM OUR READERS

VOLUME I | NOVEMBER 1940 | NUMBER 10

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Quote and Unquote

September 9, 1940

Dear Editor:

There comes a time during the period of treatment of every patient, when he asks himself one or more of these important questions: What does the future hold for me upon my discharge from the hospital or sanatorium? What will conditions be like on the outside? If needful, will it be possible for me to take a modified cure until I am strong enough to work? Will post-discharge conditions impose a hardship upon me? Must I violate the rules of proper living because of poor economic circumstances?

And what is the patient's hope, his wish, his prayer? It is "security!" Security to aid in his recovery. Security, to insure the requirements for good common-sense living conditions commensurate with his physical condition.

What gain "a breakdown" after months and years of cure-chasing, for want of adequate resources for decent living standards? What gain to the community? What gain to the taxpayers?

Doctor Pottenger presented one phase of the problem very nicely when he wrote, "The custom of getting patients out of the sanatorium as rapidly as possible to make room for others, too often defeats the purpose of treatment."

Proper length of treatment is vitally necessary, as well as proper living conditions for the patient after his discharge from the hospital. Time is essential in the treatment of tb. A rush job usually means poor results.

One of the most important problems confronting us, is the taking of steps to insure a successful conclusion to the improvement made in the hospital or sanatorium.

Mary Dell's article, "A Criticism and a Suggestion" reprinted from Courage Magazine, carried an excellent suggestion, e.e., the forming of a Rehabilitation Committee composed of patients and medical staff. This seems a reasonable solution to the problem. And what is more, is the means whereby we may cooperate and receive cooperation from the public, the lawmakers, health directors and social workers.

A united front in this case means successful legislation. And successful legislation would mean a greater opportunity for health and happiness to those afflicted with tuberculosis, and to their families.

Yours sincerely,
Barney Sands
San Francisco Hospital

September 24, 1940

Gentlemen:

We have noted with interest your very excellent publication . . . . .

With all best wishes for your continued success.

Sincerely,
John C. Sharp, M.D.
Medical & Health Director
Monterey County, Calif.

Dr. Schaper's "The Economics of Tuberculosis" has been reprinted in Courage Magazine and in The Scandal Monger, the latter published by the patients of Wish-i-ah Sanatorium at Auberry, California. Barney Sands also makes Courage with a letter to the editor - - and the current issue of The Fluoroscope, the publication of Weimar Joint Sanatorium, quotes at length from Dr. Harold Brunn's "Collapse Therapy" (CLARION, September, 1940) .....

In this issue we reprint an article taken from the Missouri San-o-Zark which appeared originally in The Rehabilitator. We've called it "You Don't Look Sick!!" We think the article is of sufficient interest to bear repeating ... Publications from many other sanatoria are on file in The CLARION office. If you'd like to see any of them let us know .... More critical comment from our readers as well as more literary contributions would be welcome to the editors of The CLARION . . .

Next month - our first anniversary.

The CLARION

CASE FINDING

By E. A. SCHAPER, M.D.

The editor of The CLARION has suggested to me that it might be a good idea to discuss the four great essentials in any well-rounded, comprehensive, tuberculosis-control program at some length for the benefit of our CLARION readers.

These four essentials are: FIND ---- ISOLATE ---- TREAT ---- REHABILITATE.

I have decided to take this suggestion and treat these four principles in several CLARION editorials. First, I shall discuss case finding in a general way.

Until comparatively modern times, cases of tuberculosis were found only when the patient became so far advanced that almost anyone could diagnose it as "consumption". That was in the days before the X-ray and the tuberculin test when tuberculosis was referred to by one of our greatest clinicians as "the Captain of the Hosts of Death" which destroyed more human beings than any other disease. It was then thought to be hereditary because so many in the same family developed it. The cause of the disease was unknown and it was considered certain death to contract it.

In 1882 Koch discovered the cause of tuberculosis and two years later Dr. Trudeau opened his little red sanatorium at Lake Saranac in the Adirondack Mountains in New York. It wasn't long after that until many sanatoria were scattered throughout the United States. Up to that time no serious attempt was made to find cases of tuberculosis. The best one could do was to be examined after the symptoms of the disease were pretty well established. This meant that most of the cases discovered were in the advanced stages with a correspondingly poor chance for recovery.

The X-ray, when it came into general use, became a great help in the corroborations of a diagnosis made on the basis of the patient's symptoms and the physician's examination. Still, no serious effort was made to find other than the most apparent cases of pulmonary tuberculosis.

Tuberculosis is not a spectacular disease in its progress or outward manifestations. Because of that there is little real fear of it among the general population. If the outer appearance of a tuberculous patient were as dreadful as that of smallpox or leprosy and, if the rapidity of a fatal case were like that of plague or cholera there would be no need of writing this paper on case finding because, long before now, tuberculosis would be as rare as plague or smallpox now is. It is this weakness in human nature which causes our people to fail to take cognizance of a great danger or a devastating evil unless it can be thrust before their consciences in a spectacular way, which hinders us in reducing tuberculosis to an irreducible minimum. We talk much about automobile traffic deaths and fail to realize that our silent, unobtrusive enemy, tuberculosis, destroys twice as many people each year as do traffic accidents.

Our first efforts in case finding were directed toward the examination of known contacts to active cases of tuberculosis. By means of chest examinations checked by X-rays of the lungs many additional cases were found, a large number of them in the early stages.

As time went on, due to the isolation of the worst cases of tuberculosis and the continued educational campaigns of our county, state and national tuberculosis associations, the death rate per one hundred thousand dropped two or three points a year until now it averages 48.6 for this country. Later on, surveys of large groups of children of grammar, high school and college age were conducted. This procedure was highly educational but expensive and impractical because it involved tuberculin testing and X-raying large numbers of people among whom little tuberculosis was to be found. To find one case by this method costs $4,000.00 in the age group of infancy to fourteen years, whereas, the same kind of a survey among selected groups of people wherein the incidence of tuberculosis was known to be high, costs only $75.00. In 1936 I tuberculin tested ten thousand cases, X-raying the positive reactors who averaged about twenty-five per cent of the number tested. I found fewer than ten cases of active tuberculosis in this group. It was then I became convinced of the inadequacy and inefficiency of such a method.

Tuberculin, films and the time of physicians, nurses and teachers cost money. Therefore this method should have been saved to the last until, perhaps, ten years from now as a sort of fine-combing procedure. At present, no money should be wasted in that way when so much more can be accomplished in case finding by spending this money upon the investigation of certain groups of people in definite areas of population where the mortality from tuberculosis is known to be high as in our own Chinatown, for instance, where the mortality in a small, compact area, comprising a population of twenty thousand, shows a death rate from tuberculosis of two hundred per one hundred thousand as against less than fifty for the city as a whole. It is in such a place as this where these new fluorographic units should be set up and every man, woman and child in the area systematically checked until each existing case is found. Then, the area South of Market should be given the same thoroughgoing treatment. These examinations should be made compulsory just as is the fingerprinting of aliens for we have among us, in those having active or potentially active tuberculosis, a more dangerous Fifth Column, as far as our national well-being is concerned, than any which existed in Denmark, Belgium or France. We must face this problem in a sensible, matter-of-fact way and handle it in such a manner as to do the greatest good for the greatest number regardless of how a few individuals may feel about it, because there are some who cannot be persuaded by reason even when they see each member of their family stricken down as the result of their own carelessness and indifference.

Many of our insane asylums, prisons and penitentiaries are swarming with open cases of tuberculosis. There is room for much case finding among these institutions. The slum districts of all our cities should be gone over carefully, poor housing conditions corrected and all infected people placed in sanatoria. Certain low income and special occupational groups, industry and the unemployed, both old and young, should all be fluorographed and the active cases discovered and placed in institutions. Had we spent, in San Francisco last year, one tenth of what tuberculosis costs this community, we could have financed such an efficient case finding campaign as to make tuberculosis one of the minor diseases in this city for the next ten years to come and, at the same time, furnish adequate hospitalization and rehabilitation facilities for all our patients.

Generally speaking, most people are too busy with their own affairs to put much thought into this problem so it is up to tuberculosis workers, patients and their friends and relatives to agitate and educate until we can convince those who furnish the money that it is not only humanitarian but excellent business judgment to spend a little money now in order to save many lives and a lot of money later on.

———— ○ ————

SANATORIUM vs HOME TREATMENT

By HAROLD G. TRIMBLE, M.D.

At the very outset, I should like to state my own opinion that there is no conflict between the sanatorium and home treatment of tuberculosis, but rather that they supplement and complement each other. Home treatment alone, without some sanatorium background is seldom a complete success, and we feel so strongly about this in our own practice, that with the patients who come to us with their first diagnosis of tuberculosis, seeking guidance as to treatment, we flatly refuse to look after them at their homes unless they have some sanatorium training. This means a period of institutional care, sometimes not over six weeks where their home conditions are suitable and they can afford private care upon discharge from the sanatorium.

On the other hand, the sanatorium alone cannot keep a patient well of tuberculosis. Under any institutional conditions, life must necessarily be somewhat artificial. One of the highest hurdles a person with tuberculosis has to take in "chasing the cure", is to adapt himself to the type of living that is necessary for his particular brand of tuberculosis, and work this out in his own home environment. You will see therefore that I firmly, and, in my actual practice faithfully follow, a combination of sanatorium and home care, which, in my opinion, is the only satisfactory way to think about tuberculosis.

Now, let us consider the sanatorium, or better still, the tuberculosis institution for a moment. Here in San Francisco you have very much the same development as we have in Alameda County. The same method is used in Los Angeles County, in New York City, in Chicago, and many other places throughout the United States. This is to have two tuberculosis institutions: First, a hospital, such as the Tuberculosis Division of the San Francisco Hospital. Here patients are admitted for diagnosis, for the technical parts of their treatment, for such surgery as is necessary, for various methods of collapse therapy, and so on. At the same time, while the diagnosis of tuberculosis is being established and the necessary treatment instituted, the patient is being given an education of what tuberculosis means and how important the fundamentals are. When a patient's disease has come under control and he is ready to be out of bed, he is transferred to the sanatorium. Here the process of education is continued, not in the bed-rest part of tuberculosis, but in the equally important getting-up part. Whether this be in a few weeks or a few months, depends, of course, upon the kind of disease the patient has, and, upon how readily it can be brought under control. The bed rest part of tuberculosis is the first fundamental to learn. The getting-up part is the second and equally important knowledge to be acquired.

Acquiring knowledge, however, is one thing, and putting this knowledge into effective action is quite another. It is making use of our knowledge that is important. All of us know a lot more than we actually put into daily practice. This, of course, is true of the patient with tuberculosis, as well as anyone else. With the tuberculosis patient, however, there is a certain minimum of knowledge that must be put into effective use or he is not likely to stay well. Tuberculosis is treacherous. It, many times, involves lungs extensively and gives no warning of the fact that the disease is progressing. It is for this reason that periodical examinations are so important, that contacts be examined to find tuberculosis as soon as possible, and in the patient who has taken the cure and is again leading a normal life in his own environment, constant watch must be kept to be sure that his tuberculosis is being controlled. It is important for us to remember in these various collapse procedures we use so commonly to control active tuberculosis, that nothing is taken out of the body in contrast to an operation for appendix where the appendix is removed and

that is the end of the appendix. Our treatment of tuberculosis, however, is based on the control of the disease, and improving the mechanics of the lung so that a heavy wall of defense can be built around these bacilli and they cannot spread and cause more disease. In order to complete these defenses that are built up so tediously under hospital conditions, a definite method of living must be adhered to after hospital care is no longer necessary.

In the sanatorium (for you, the Hassler Health Farm) patients are gradually increased in exercise and time out of bed under careful, constant supervision to see that they react well, and, as this proved to be the case the amount of energy they spend is increased up to the point where they can return to their homes. There is no rule one can lay down for this procedure, though patients do fall into certain groups. It is somewhat of an individual problem and requires careful judgement and individual observation. This is the thing that the sanatorium is primarily set-up to do.

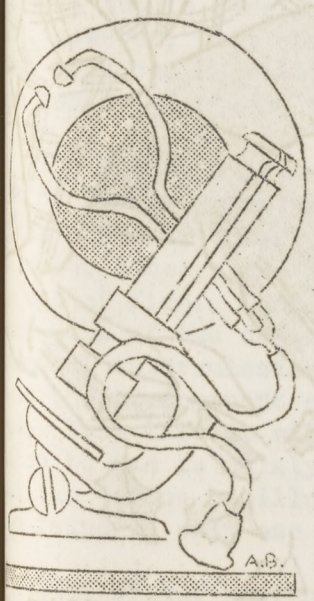
When then should a patient go home? For most of you that is an important, and many times pressing question. In our set-up for patients who must be cared for at public expense there is a gap present. This gap is that there is no means provided for a physician to carry on care of the patient at home until that patient can be up and about sufficiently to report to the nearest clinic. This point has been discussed many times, and in the long run it has been found to be more efficient as well as more economical to continue the institutional care to such a point that the patient is up and about. Another factor in these days is that many of our patients must be able to do practically full-time work before they can leave the institution, as they have no other means of support. This increases the institutional stay and rightly so, as the things we are interested in are long-time results for the patient and not how he happens to feel at the moment. As a matter of experience, some of these procedures have been worked out, because, practically, they have been found to be more effective, even though theoretically, some other way may seem just as good. When this "just as good" method has been put to the test, it just doesn't work.

Why do I consider it necessary that each patient with tuberculosis have a period of institutional care? Well, I have been all through the other sort of thing where there seemed to be no obstacle in the way of putting a patient to bed in his own home and looking after him there. We can do all types of collapse procedures, under home conditions, except major surgery. We have a portable fluoroscope that we can take right into the home to examine the patient and give him the close personal attention he needs. However, I soon came to realize, as most physicians interested in tuberculosis have in years gone by, that these patients were not doing as well in the long run as those patients who had had an institutional background. You must realize that to become a physician one has to spend eight long years in study after high school followed by a few years in special training. To become an attorney, seven years are necessary. To be a beauty operator one must now go to school and possess a license. The same is true of a barber. The State insists that this be done and has passed laws to this effect which have been strongly enforced. In other words, it seems to be a general plan of education that a certain amount of technical schooling, or in the case of the patient with tuberculosis, some kind of institutional care is necessary if, in the long-run, good results are to be obtained that really stick.

I feel no sense of personal failure in failing to do something that practically all of the men who are well-known in the field of tuberculosis have also failed to do. In other words, it seems to be necessary that the patient with tuberculosis, because of the nature of the disease, the necessity for long-continued care, and most of all, because of the long period of necessary modification in his usual method of living, have an extensive schooling in the general problems in the handling of his infection. It seems further necessary that he see with his own eyes for at least a limited period of time. Describing the thing does not produce results sufficiently effective to cause the patient to transfer them into action.

The test of many institutions to me is not necessarily the type of work that is done within its four walls, though of course it is extremely necessary that it be of high grade and done well but, how the patients from that institution handle themselves when they leave and return to their home surroundings. Have they learned the fundamental principles well enough so that in spite of the well-meant but frequently selfish advice of friends, in spite of a desire to partake of many pleasures that have been denied them for so long, in spite of the desire to throw themselves into their work to "make up for lost time"--will these patients have the background and sufficient knowledge to make themselves stay on the course that has been chartered for them? The untrained tuberculosis patient is something like the small child. He is constantly getting into difficulties with his disease and just doesn't know why. It is true that some of these patients "get by" with that and do remain well. It is equally true that a certain number of patients we consider well-trained do have accidents with their tuberculosis, but in general, as we see them in many places and under different circumstances, the well-trained patient does, on the whole, well, and as the years go by stays well, while the patient who is poorly trained has frequent complications and recurrences of his disease, some of which get beyond medical control.

You will see then from the technical standpoint, with the exception of surgery, that there is very little done in the institution that we cannot do in the patient's home. You can see also from these remarks however, that I consider it absolutely obligatory that at least a short period of institutional care be available for every person with tuberculosis. Whether this be in a private sanatorium or in a public institution, is purely a matter of dollars and cents and what the patient can afford to pay. There should be no difference in the care, and I am happy to say, in general, certainly in our area in California, that there is none. I am also of the opinion that the institution alone cannot complete the job because of its very nature and, that much guidance and care of the patient is necessary when he leaves the institution and adapts himself to normal life. The institution must provide the background for this and his care afterwards must follow through on the foundation that has been laid.



Harold Guyon Trimble, M.D., was born in Oakland, California, in 1896. He graduated from the Medical School of the University of California in 1920 and has been in private practice in Oakland since that time.

Dr. Trimble is Visiting Chief of the Lung Service of the Alameda County Institutions as well as Chief of the Oakland Lung Clinic. He is Consulting Physician in Chest Diseases to the Contra Costa County Health Department, Supervising Physician of the Thos. B. Swift Preventorium, Consultant at Alum Rock Sanatorium, San Jose, Staff Member of Peralta and Providence Hospitals in Oakland.

He is President Elect of the American Trudeau Society, Vice President of the California Tuberculosis Association, Fellow of the American College of Physicians, Diplomate of the American Board of Internal Medicine, a member of the California Academy of Medicine and numerous other medical societies.

PRELUDE TO WINTER

Beyond the fields are the mountains
Beyond the mountains, the sky.
And deep in its azure vastness,
The birds to their southings fly.

The leaves of the maple have fallen.
The westerly winds blow chill;
And summertime's flowery treasure
Is gone from the neighboring hill.

The summer's gay voices have faded;
And autumn's slow mournful hymn
Is chanted in sad introduction
To winter's requiem.

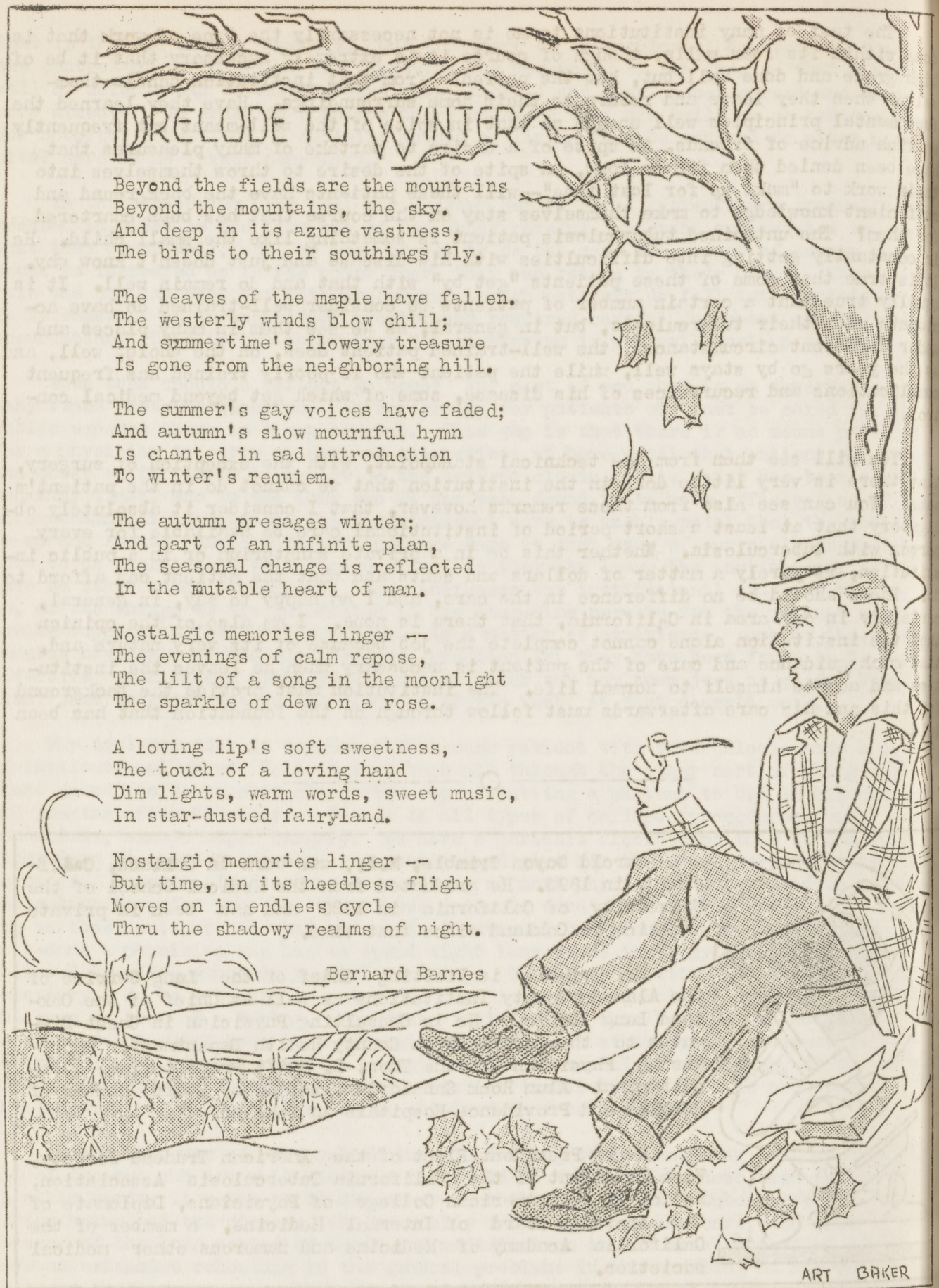
The autumn presages winter;
And part of an infinite plan,
The seasonal change is reflected
In the mutable heart of man.

Nostalgic memories linger --
The evenings of calm repose,
The lilt of a song in the moonlight
The sparkle of dew on a rose.

A loving lip's soft sweetness,
The touch of a loving hand
Dim lights, warm words, sweet music,
In star-dusted fairyland.

Nostalgic memories linger --
But time, in its heedless flight
Moves on in endless cycle
Thru the shadowy realms of night.

Bernard Barnes



BOVINE & AVIAN TUBERCULOSIS

By -MORTON RAYMOND GIBBONS, Jr., M.D.

Before the dawn of the Christian Era, the Greeks recognized some phases of the disease. The fact that the condition was infectious was probably first recorded by the Roman physician, Galen. Medical investigators gradually collected more material and gained a more intimate knowledge of tuberculosis until 1882, when Robert Koch first demonstrated the tubercle bacilli and proved beyond any reasonable doubt that it was the organism or parasite which was the cause.

Since Koch's discovery, further investigation has shown that all tubercle bacilli are not the same: There are several fairly well defined types and certain animals, other than the human being, are subject to infection by certain of these different types. It has also been shown that these types, which differ from that which commonly infects the human being, may infect several types of animals and may also be the cause of certain types of tuberculosis in man.

Man has many contacts with other animals during his life. He uses them for food, transportation and as pets. If animals used for such purposes are subject to tuberculosis, and if it is possible for that tuberculosis to be transmitted to man, and this has been proven to be the case,) then those who are interested in the prevention of disease must, in order that they may fully understand all of the phases of tuberculosis, carefully study the relationship between man and his animal friends.

Types of tubercle bacilli, other than that known as the human type, are usually known by the name of the animal or group of animals in which they are commonly found. Several minor types are known to infect cold-blooded animals such as fish and turtles, but these are not believed to be capable of causing an infection in man. The avian type, or that which infects birds, may cause human infection. The bovine type, that of cattle, is the most important from our standpoint, for it plays a very appreciable role in human disease.

The avian type is not uncommon in birds, particularly fowls. It is believed by some investigators to be the cause of some cases of human tuberculosis of the kidneys, but is rarely, if ever associated with pulmonary tuberculosis. It must be said, however, that certain research investigators have come to the belief that the avian type has received too little notice in the past, and that it may account for more human infections than we generally believe at the present time.

The bovine type, on the other hand, plays a most important part in the infection of humans. Approximate statistics indicate that it is the cause of about 3% of the cases of tuberculosis in persons over sixteen years of age, of about 40% of the cases between the ages of five and sixteen, and of about 48% of the cases under the age of five. Looked at from another point of view, bovine tuberculosis causes about 6.5% of the deaths from tuberculosis. It is the cause of 50% of our cases of abdominal tuberculosis in children and 15% to 20% of similar infections in adults. It is the predominant cause of the disabling infections of bones and joints in childhood. From this it will be seen that the study of bovine tuberculosis and its relation to man is mainly a study of childhood infections. It should also be noted that the bovine bacillus is not a prominent cause of pulmonary infection for it has been found in only one percent, approximately, of cases of tuberculosis of the lungs.

Some of our patients have asked how it is possible to tell the difference between the various types of tubercle bacilli. Of course it is impossible for a patient to determine for himself which type of parasite is causing his infection, but

the general, and not too technical, differences between the human and bovine forms may be explained as follows: both organisms, when seen under a microscope, appear as thin rod-shaped structures which retain a certain type of acid stain. The bovine type is generally shorter and stouter than the human type. When the bacilli are grown on special substances outside of the body, the bovine type usually grows much more slowly than the human type. Both types are capable of causing an infection in rabbits, but, whereas the human type usually produces a restricted and not disabling illness in that animal, the bovine type is usually rapidly spreading and fatal. This last distinction is the most common method of determining which organism is involved in a particular case.

Since we have shown that the presence of tuberculosis in animals is a definite danger to humans, we should now understand the methods whereby the infection may be transmitted from the animal to man. We have said that the avian type was not believed to be an important factor in human tuberculosis, and, indeed, it is difficult to see just how a general dissemination of bacilli could take place from bird to man. The possible routes of infection are the handling of diseased animals and the eating of improperly cooked diseased flesh. This latter is a very remote possibility, for flesh, or muscle tissue, is most rarely infected by the tubercle bacilli, and is rarely eaten when imperfectly cooked. It is conceivable that poultry handlers might become infected from the killing, cleaning and picking of diseased fowl.

With the bovine type, on the other hand, there is a most direct route of infection from animal to man. Milk is one of our staple foods, and milk can and does transmit the disease. The bovine type can also be transmitted, though it is believed rarely, by the eating of infected flesh or organs which have not been properly prepared and, also, and still more rarely, by direct contact with infected animals.

Tuberculosis in the animal produces much the same type of infection as it does in man. The disease is notorious for its ability to lie hidden away within an individual, gradually progressing until it has reached a point where it is disclosed by hemorrhage from the lungs or some other serious complication occurring in an individual who had not realized that he was seriously ill. So too, unsuspected tuberculosis may be present in cattle and the milk from the animal or its flesh may be distributed and used thus transmitting the disease.

Both the bovine and avian types can be found in many of the smaller animals, and a possible, though remote source of infection may be from the bite or other contact with rats, mice, rabbits and similar beings.

In the animals, as in the human being, where tuberculosis shows a preference for certain parts of the body, such as the lungs, the bones or the abdominal cavity, the disease may be found in any tissue. It should be noted, in this connection, that, although the bacillus may be found in muscle tissue, or flesh, its presence there is exceedingly rare. Should flesh contain tubercle bacilli, proper cooking would most certainly kill the organisms and the food could be eaten with perfect safety.

From the above discussion, one should not gain the idea that the animals mentioned are quite generally infected. Indeed, they are not as much so as are human beings. But those which are infected are a potential menace to human contacts in just the same way that an infected human may become the source of further infection among his intimate contacts. This being the case, one should consider methods of preventing transmission from animal to man.

In the avian type, preventive measures consist in the destruction of apparently diseased birds and fowl, with adequate inspection of birds brought to market for

od use. Because of the remote possibility of transmission by vermin, reasonable ctive measures should be taken to eradicate them from places where they might be in ntact with poultry. There is no question but that this procedure is a most diffilt one.

In the bovine type, a method of segregating diseased cattle has been developed, sing the tuberculin test in much the same way as it is used in man. Animals showg a positive reaction are destroyed. It is interesting to note that the State and ederal Governments both contribute to the payment of the owner for the loss of his attle, assuring that the owner will not lose a fair price for his property and will ot oppose tuberculin testing for fear of financial loss. Cattle which have been laughtered because of tuberculosis infection may be sold for butchering and food fter a careful inspection by trained food inspectors, except in certain types and laces of tuberculosis infection. The price which the owner receives from the sale f the slaughtered animal is deducted from the payment made by the government auhorities. From our above discussion of the improbability of any infection being in he flesh of the animal, it is almost completely impossible that any tuberculosis uld arise from this practice.

Tuberculin testing and elimination of infected cattle is not practised univerlly, however, and we must take further steps to prevent the transmission of tuberlosis. The most important of these is the pasteurization of milk. It has been own that almost half of our childhood tuberculosis is caused by the bovine type of cillus, and a large proportion of these cases have been traced to the drinking of fected milk. The Department of Public Health in San Francisco thinks this situaion is sufficiently important to require that all milk sold in this city be pasarized in San Francisco before it can be sold. In areas where pasteurization is t required by law the individual can produce a reasonable substitute for his own e by heating the milk to a temperature of 145 degrees and keeping it there for a lf-hour. The tubercle bacilli does not resist heating well, and such procedure uld kill all chance of infection. In like manner, bacilli in any type of food ould be killed by any adequate cooking procedure.

To summarize: We have seen that there are several types of tubercle bacilli her than the human type and that some of these can infect man. The most important f these is the bovine type which plays a very important part in childhood infecions. Animals suffering from bovine tuberculosis can be easily segregated and reved, and there is no particular danger in eating the flesh of such animals when ld under proper health inspection and supervision. The main source of bovine inction in man is through infected milk, and this source may be eliminated completely y proper public health measures.

In conclusion, those of us who have seen the ravages of tuberculosis first hand d who have suffered its disabilities will, I am sure, use every means possible to revent further infections, particularly of the bovine type which takes a toll of our ildren and youth, and which can so easily be controlled if all will co-operate tords stamping it out. We will support all Public Health measures directed towards e removal of this one type, at least, of a disease which still causes more illness d death in young people between the ages of fifteen and thirty-five years than alst all other diseases combined.

Doctor Morton Raymond Gibbons, Jr., was born in San Francisco in 1904. He atnded Stanford University and took his medical training at McGill University, Monreal, Canada, graduating in 1930. Interneship was spent at San Francisco Hospital llowed by a year of residency at Stanford Hospital in 1931-32. Since that time he s been in general practice in San Francisco; visiting doctor at Laguna Honda Home 32-36; visiting doctor on Stanford Service at the San Francisco Hospital since ly, 1936, and a member of the University Staff since 1932.

The air is drenched in sunshine.
In the wind a biting nip
That turns the leaves a gayer hue
And makes them swirl and dip.

The wind is racing madly
Like a puppy in its joy
And on it dances wild a kite
Flung high by some small boy.

The crags are spilling snowy clouds
Across the countryside.
They catch the fog on pinnacles
And fling it far and wide.

--Norma Johnson.

The CLARION

Published by the patients of the Tuberculosis Division of the San Francisco Hospital and the Hassler Health Home on the 5th of each month

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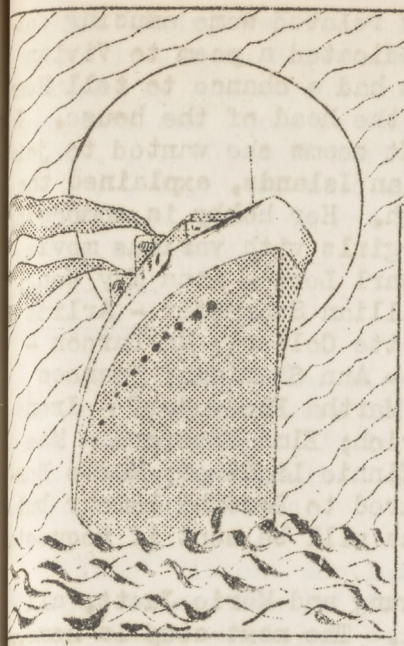


ROUND THE WARDS

--AT S. F. HOSPITAL

WARD 19

While lying here idly dreaming, a wave of figures comes to my ear--5,000; 10,000; 15,000. My! Such figures! Casting my weather eye about I discovered that Mildred was counting, of all things, the stitches in her half completed sweater. Everyone who knits must have, at some time or other, tried to stir up energy enough to do the same thing. We have a partial answer. A sweater with no sleeves has approximately 62,500 stitches. Whew! ever realized there was so much work on one sweater. We beg someone to find and ard the girl some kind of a diploma. Such industry richly deserves a prize.

○

Thelma Fisher, Flora Recchia, June Roberts and Peg Murphy, on the upper east rch, have a constant round of guessing games and true and false questions. They e lead by our swell recreation worker, Miss Jo Marrah. We must admit that some of e answers are pretty crazy and that they come back in double-quick time. By the y, Flora is one of our newest and prettiest young girls and has made herself liked all.

○

We have our share of football addicts. When you least expect it you're liable be jarred suddenly from your immediate interests by a "h'ray, they made a touchwn." They can be heard from one end of the ward to the other. Of course, like eryone else, we have our own idea as to which team is superior. Dorothy Hinman ems to favor Minnesota while Clare Fennell is rooting for the Stanford Indians. ily Alt likes Oregon and Camille Bowman, our lady of the canes, is, of all things, r California. All of which makes for many friendly arguments.

○

Everyone was happy to see Miss Joyce back on the ward for a visit on Sunday afrnoon. It seemed like old times as she went from room to room greeting each and eryone of us. Little Marie Ducca wasn't sure she had seen her and asked the nurse f Miss Joyce had really been here or had she just dreamed it. She was assured that t was no dream.

○

Agnes Gallo, who has been one of our best and most loyal patients, left for Hasler recently. Her many friends here will miss her cheery smile. We hope Hassler ppreciates its gain and will soon send her on her way homeward.

E. C.

ARD 31

When the "Raving Reporter" decided to put Ward 31 on the air all were in a dithr. The most frequent question was "What shall I talk about?" All of which was aken care of by Father Clark when he said, "Just answer the questions that I ask?" t sounds simple enough until somebody puts a "mike" in front of you. Then suddenly e mind becomes a blank and the tongue becomes tangled. We're shaken as by an ague. t all survived and "Ma" Larson emerged as the star performer, especially when she ng her version of "Sweet Adeline". Offers have been flocking in ever since but she

figures that she can afford to be choosey. Frances Kelly related some amusing episodes in her career as a chorine and Angelina Biscarro dedicated a poem to Vivian Francisco who recently parted with some ribs. Pearl Leon had a chance to tell Henry Low what she thought about the male of the species being the head of the house. We also heard about Betty Ryan's ambition being thwarted. It seems she wanted to join the Navy. Pauline Que, born and brought up in the Hawaiian Islands, explained the various Hula dances. Last but not least was Marie Bencich. Her hobby is composing poetry and she did a fine job of comparing the different girls with various movie stars. Here they are: Frances Miller - Jane Withers; Pearl Leon - Anna May Wong; Betty Ryan - Lana Turner; Margaret Zahl - Jean Arthur; Lillian Schroeder - Arline Judge; Pauline Que - Dolores Del Rio; Marie King - Claudette Colbert; Ma Larson - Zasu Pitts; Mrs. Oakley - Mae Robson; Claire Constantino - Ann Sheridan; Frances Low - Judy Garland of Chinatown; Rose Diaz - Lupe Velez; Martha Eichendorf - Irene Rich; Bea Coons - Fay Bainter; Mrs. Edler - Marlene Dietrich; Elma Crawford - Mae West; Alice Dawley - Rosalind Russell; Winnie Remmers - Winnie Lightner; Marlo Barker - Joan Davis; Lupe Tovar - Ida Lupino; We were compared to Dorothy Lamour but the resemblance begins and ends with the feet. Autographs will be sent if requested.

○

Dee Winward, Annabelle Hollan, Caroline Yong, Ida Chung and Marie Juett, all former 31'ers, are now Hasslerites. Good luck to you all. The next step is home... Our current interne, Doctor Ferris, is a lucky guy. All his bets have been winners. Okay, doctor; we know Stanford has a fine team this year. . .Latest quip from Frances Low - "Tough, huh!" That will be appreciated by Brats, Inc., down at Hassler. . . Marie King has a rival in Marie Bencich as to who will be 'ward poetess'. Here's her latest:

Let's drink to Doctor Schaper and all the staff,
And everyone who's working in our behalf.
Let's drink to our luck in being here,
To good ol' S. F. H. she is a dear.
Let's drink to "pneumo" that wonderful cure,
And to the food so clean and pure.
Let's drink to the operations we sometimes need
And to surgery, a wonder indeed.
Let's drink to relatives and friends
Who'll be waiting when our time here ends.
But let's drink milk for our toast,
For I hear that's what helps the most.

H. R.

WARD 32

If gaining weight means gaining resistance then Edith Duthie has plenty of resistance. Edith went home planning to take off some of that extra poundage she had accumulated during her stay here at the hospital. And what happened? Like most of the best laid plans 'of mice and men' something upset the apple cart. At last reports she was running a close second to Kate Smith - and we don't mean in singing. 'Nuff said.

○

HITHER and YON . . . D'ya know - Theresa Herrera received the cutest elephant from Marie Waraner and his name is Senor Pete . . . Ethel Warren will never live down that first attempt at sitting up after sixteen months on the recline. The caution with which she finally managed to assume the new position defies description. One of those things that must be seen to be appreciated . . . And did you know that Frances Natalini can really strut her stuff. Makes Pavlova look like an amateur and Bill Robinson look as if he had lead in his shoes . . . An ambition is to become a part of Mr. McPhee's little black notebook that means Farmward bound . . . "The Hungry Hungarian" is still hungry down on the Farm . . . We think Edna Larson stole the show

then "The Raving Reporter" raved on Ward 31 . . . A welcome to Florence Whitaker . . looks as if Jackie McSween will fulfill that ambition to be home by Christmas. What with being up and around and feeling healthy again . . . Marianna Free has finally broken down and taken to the knitting needles and has whipped up a sweater for her brother . . . "Ginger" Mario has felt the horticultural urge and taken to raising cacti . . . Might be that she got her inspiration from the swell job that Rose Holland has been doing on Pat Perry's garden while Pat was private-rooming after a bout with the surgeons.

L. D.

WARD 28

Goodman Loy, alias Mickey McLoy, gets our vote for the champion marathon talker. He never stops from morn 'till night. Doubt whether he could stand the strain of enforced "voice rest". If it wasn't so old we might use the gag about being vaccinated with a phonograph needle. As it is we'll just skip it. Mike McLoy, just a chip off the old Blarney Stone.

○

"Vince" Vincent who left our happy home quite suddenly, a couple of months ago, came back to say 'hello' to the boys one day recently. Looked mighty fine, too, and the bay window which has become an essential part of him was still there. We all miss Vince and wish him the best of luck. Don't miss his "Ribber's Lament" in this months issue of the CLARION.

○

Woe to the unsuspecting relief nurse who has to treat Phil (Deacon) Casey's eye. He immediately goes into that song and dance about "the woman's place is in the home" and she doesn't know whether to laugh or cry because he looks so serious. Let this be a warning to any nurse assigned to relief duty on Ward 28. He's only kidding.

○

SOLARIUM NOTES . . . Pete Basuimo gave a ravioli feast recently. Some cowboys from Room G also wrestled with the raviolis which were very "goot efen mitt oudt beer und wine" . . . "Squirrel"Haskell managed to get back from a day out on a pass . . . "Dapper" Souza is back in the fold after another bout with the surgeons.

○

Miss "Butch" Linnette has become a welcome addition to Ward 28's "one big happy (?) family." Don't get out of line boys - cute kind of a dignity she has.

○

"Frenchy" probably realizes now that his imitation of Custer's last stand wasn't appreciated too much. Tough but not tough enough.

R. W.

WARD 26

STAFFLIGHTS . . . Miss Mallick was perambulating down the hall with her treatment buggy, explaining to one of the young male nurses the mysteries of the ward. "Now, the first thing you may as well learn is how to push this". . . Johnny "Poppa" Alves clipping from all the vital statistics' columns the evidence of The Event, (a boy weighing 7¼ pounds). Best wishes . . . With Bill and Johnny there are two votes in, with two districts yet to be heard from. And Art "In Action" Abbot going around with his fingers crossed . . . "Mama" Christian says it is not true that she is interested in "still art."

○

HEARTBEATS . . . Queer that romance between the Lonely Hearts and the Boneyard with billet-doux arriving, written in Hungarian and being answered in Chinese! And who is the emissary? (I'd have mentioned his name but the "Boss" wouldn't let me). And the melting pot continues to boil.

○

DREGS . . . Henry "Taxi" Nagy says that he always stops for a ten ton truck and, a blonde . . . Did Earl "Missouri" Hammons ever tell you about the time he had a date with one and showed up with a brunette? - and she hadn't forgot her peroxide.

Young Lochinvar will be bashful about telling . . . Our fire-escape Romeo, Tuttle, has been transferred to the west porch but he still waves on . . . Reports from the ? department tell us that the former scrivener of this column, the symbolical Mr. B. S., camped out all night on the east porch to grab a bed that was being vacated in the morning . . . Frank Berg is interested in learning how to play checkers if someone will teach him. (Adv.)

O

If you see Jim Montgomery wandering around with a quizzical expression on his face, it isn't because his attempts to convert Jack Stinson to his way of thinking are getting him down, it's just that the old professor has once again been testing the I.Q. of the gang on the porch. Every day Jim comes up with a puzzle, geometrical problem, a questionnaire or some such problem as the old one about getting some missionaries and cannibals across a river in a boat without getting them too mixed up and without anybody eating anybody else. They, and once again I'm referring to the gang on the porch and any resemblance to the cannibals is purely co-incidental, take these contests very seriously despite the correctness of some of the answers. Wonder if Jim knows what four requirements a man must have to be president?

WARD 25

G. B. S.

After last month's boasting about "no knitters and no aeroplane builders" this ward has gone the way of all other wards. Tom Casanova has been moved here from Ward 26 and only has between seventy and eighty sweaters to his credit and still the needles fly. Rumor has it that he has had some help but, folks, it's still lots of knittin'.

O

As if that were not enough Charlie Schlund is throwing a lot of loops into an afghan, no less. It's at least a colorful pastime and with winter on its way we may all become more afghan-minded, that is, unless we have the wrong conception of an afghan.

O

The ward has a successor to all of the famous marmoth eaters who have gone before. The latest recruits to the ranks of the master stokers is Joe Barca who voices the same plea every meal time. It's always, "Mrs. Birchall, can I please have some more?" We're becoming more and more curious as to where he puts it and as to whether or not he will ever get filled up. An interesting sight to see.

O

Fred Bowen, who went to school down Stockton way, says that the pronounciation of Barney Sands' jaw-breaker, "metaphysicotheologicocosmonigology", is a push-over for him. It's very simple. Just pronounce it exactly as it is spelled and you come out even. Might take some time off and try it one day. Frank Shirah had one that made the above tongue twister look simple but we got stuck after the twentieth letter.

WARD 24

E. S.

Winston Churchill's announcement that England would buy any kind of boat that floats, has disrupted the working schedule of this ward. All the would-be manufacturers have switched from model aeroplanes to boat building. Some of the better ones under construction, which will probably soon figure in a big international deal, are a speed boat with a real motor being built by Andy Anderson and, an old fashioned sailing model being built by Jack Paulis. Thanks to the new showers it will still be possible to take a bath. Getting into the tub might be dangerous what with some of the boats making their maiden voyages.

O

If half of Ward 31's residents could pass for movie stars we'd like to put in a plug for this ward. We have a little touch of Hollywood ourselves. Starting on the

rch we have a fugitive from a Georgia Chain Gang in Bill Smith, but it may only be at last haircut makes him look that way; Errol Flynn in Billy Flynn, (name only); ng Sing Low might pass for Paul Muni as he appeared in "The Good Earth". In Room Silver and Franklin might pass for Rochester and Stepanfetchit. Room M is represented by Jack Paulis as Captain Blood. Pete Balistrieri, due to his pneumo, uld be the rotund Mr. Arbuckle, and Charlie Chan has his counterpart in Chew Yee. sing a little imagination Howard Anderson might be Jackie Cooper. Ray Dennison is eorge Raft, as he was brought up on a raft in the Mississippi River. Ray Jorgensen s got a little bent from sleeping in short beds and might pass for that well known Notre Dame de Paris" character. Your correspondent could very easily be mistaken r the "Thin Man".

○

The boys in Room M offer sincere thanks to "Ma" Pool for her efforts in honor f Jim Fung's birthday. It was definitely a treat. And we all wish a speedy recovry for Miss Barbara Lyon, another of our faithful crew, who is mending a lot of ts and bruises after an automobile accident.

D. R.

ARD 23

Now that Ray "Prophesier" Jahnigen has established himself as our weather prohet, we have become more confused than ever. With his barometer, telescope, microcope and half a dozen encyclopedias plus several pamphlets on weather forecasting, e is very well prepared, or should be. But when asked what kind of weather we are ing to have he replies, "Don't know. Haven't decided yet." So far as the barometer is concerned that isn't specific either. When it points to fair weather we et fog. Recently we were threatened with snow and oh! oh! Excuse please; here omes Ray.

○

Wardly awards for the month go to Arthur "Bud" Baker. His cartoons, both past nd present have kept us in good humor. Gee, Bud, how much longer must we hold this ose.

○

It seems that some of the lads have been appearing in print continuously. However, a little close attention on the part of those who have been neglected may rove that they are not entirely forgot. And so, to "Stinky" Seley bon voyage and a appy sojourn at Hassler's Farm; to "Colonel" Jones, our confused ace, success in is venture out into the world; to Miss Crowell, our ward nurse and a good CLARION booster too, hello; to Doctor Lennon, who anxiously awaits each issue of the CLARION, here's your copy; to Andy Sears, who has surpassed all expectations in aeroplane uilding, a pat on the back and we simply must get you an actual size plan for a -40 Curtiss Bomber; to Gus Holm first award for a fine character study; to "Uncle ulgy" Kelly a larder in which to stack his groceries; to "Hoople" Giannini an orhid for his confidence and courage; to "Micky" Marson a "How do you get those dimples?" We tried collar buttons but all we got was a pain; to "Barney" Burnett, tallest in our ward, we give half of Ray's bed; to "Baby" Doyle, first move in Chinese heckers. And from your reporter, so long.

R. D. B.

ARD 22

Danny Curtin has taken over the management of Charley "The Champ" Horn, supervising his diet, road work and general training routine. Charley really doesn't eed a manager because he denies the truth of the rumor that he is planning a comeack (in the ring). But he claims that unless some good heavyweights show up pretty oon he may have to begin doing his stuff again to keep the boxing game from dying.

○

From all reports the Solarium isn't the same since Johnny Murname moved out of is corner. Things would brighten considerably if he moved back into his old spot.

OVERHEARD . . . "Pat" De Freese telling Henry Brunwald not to worry as the "ribbers" will be the last ones drafted - and we wonder if Nels Anderson is planning on an army life. He does an hour's marching drill before breakfast each morning.

O

Bob Collins says the sleeping is much better in his room now that "Mahatma Ghandi" Condi, the great snoresman, has moved into Room H. But he sympathizes with the boys in there.

R. W.

--AT HASSLER

WARDS V - VI

The present weekly arrival of the ambulance has been bringing some excitement (for which we are always looking) to our somewhat out-of-the-way, world-of-our-own Hassler. But perhaps after it has made a few trips the novelty will have worn off and it will become just an "every day" occurence. At any rate, before further ado, we extend our hearty welcome to the newcomers who are "pouring in by the dozen." Even now, Ward VI has taken on a new appearance what with all the new faces (not excluding torsos) most of the old ones (patients, not faces, of course) having been recruited, transferred, or graduated, as the case may be, to the Honor Ward and .... HOME. To that eventual goal have trekked Rose Kraus and Lucille Taylor who are especially missed by Ward V-ers.

O

Other than that, the girls' activities are very much the same, for this is a small world after all. The knitting business still thrives, perhaps with renewed effort with another Christmas practically in sight around that well-known corner. (Start working, or shopping, or worrying, everybody!) Joy Flynn has already got a few gifts and is in the midst of a sweater. One down and two to go! Dee Winward is seen struggling with yarn and needles; over with practicing and started on her first sweater.

O

Snap-shooting still survives as long as merry old Sol continues to cast down its sunny rays upon Ye Olde Farm. The most enthusiastic "shooters" are ubiquitous Mary Tong and energetic Olga Galvan. Snap-collecting and snap-exchanging are at a peak hardly known before.

O

Three bells to Dr. Demakopoulous for a good job pinch-hitting for Dr. Schaper on a Sunday night KHHH-ing. His was a "where've-I-seen-you-before?" face which caused the girls to go into a quandary, concluding that he resembles Joe E. Brown!

O

Imagine Helen (Tom Sawyer) Villareal's surprise when she gazed with wondrous eyes upon her week-long experiment to see whether the old saying that a hair turns into a worm in water holds true. "It" has turned (?) into Scolopendra cingulata centipede to you!

O

Petra Celedon has been thriving on whatever it is that makes Ward V a favorite spot. Believe it or not, she has taken to blowing balloons and making dolls. Carmen, her daughter, is wearing a big smile. Must be over that big event, "exercise". Many have been added to it, so that it seems to increase before one can do a twirl and a spin.

O

We are missing our monthly movies lately but patriotism comes first. Operator, Mr. Thierbach, is a Lt. Commander in the Naval Reserve. We still have the enjoyable entertainments that Mr. Sapiro brings to us every month now though.

M. H.

WARD I

Not only our official keeper of the weather, but a couple of good substitutes as well, have been put to bed by the vagaries of the weather. Frank Remele, the official, first picked up a cold from the movement of an isometric line and Igor Koman took over Frank's duties along with his work as Clarion Rep. Two days later Igor too started taking his meals in bed because of a cold. George Prescott, called "Moon" by his friends, tried and tired in two days. At the time of writing Leo Yip is keeping tab on the winds and rains, but we are glad to add that the others are again walking up to the dining room for their meals and Frank will take over his work soon.

O

Another news item, important because of the pleasure it brought members of Ward I here at Hassler, is Alton Racine's early return from his recent sojourn at the big house (hospital).

O

The hardening process, preparing to combat the cold, cruel world, has started for Jerry Silvia, Kam Wong and Pat Fogarty. They, disdaining our company, have moved to quarters in the Childrens' Ward at the foot of the hill.

O

We of Hassler's most certainly appreciate the expression of sympathy from Ward 28 at the hospital for we feel we deserve it. If there is any possible way to convince young Mr. Leonard Tovani to return to you we will gladly pay his passage. Addition of Leonard to the gang (Jimmy, Richard and Pete) was just a bit too much for the peace and contentment of the Farm and the group has been spread to the four winds. Well, anyway, they are spread through Wards I and II.

O

The corn and potatoes, inanimate and unappreciative though they may be, are faithfully and eloquently entertained daily by Leonard Finnegan's reading of Byron and Keats in his own inimitable deep voice. This note is for the benefit of the fellows in Ward 24--and it would be fun to add a description of Leonard's goatee and mustache but space will not permit.

O

Other new arrivals, John Kondules and Ernie Barkman, have given us the once-over and seem content.

__I. K. & N. S.

WARD II

Five of our number - Sam McMunn, Don Lacky, Pat Silva, Wy Chew Wong and Tong Shee have moved down to the childrens' buildings in the last month. We are wondering if the move is a promotion or a demotion as the buildings were built for children. We have come to the conclusion that it is a promotion for they must be in good shape to survive the trips in the truck which brings them up the hill three times a day.

O

Greetings to the new arrivals in Ward Two this month - Manual Mendoza, Leo Daldassari and John Fregini. We hope their stay here will be a pleasant one.

O

It is a good thing that the World Series is over because it caused too much excitement for some of the boys. Frank Mullen rooted so hard for Cincinnati that he is back in bed for his meals.

O

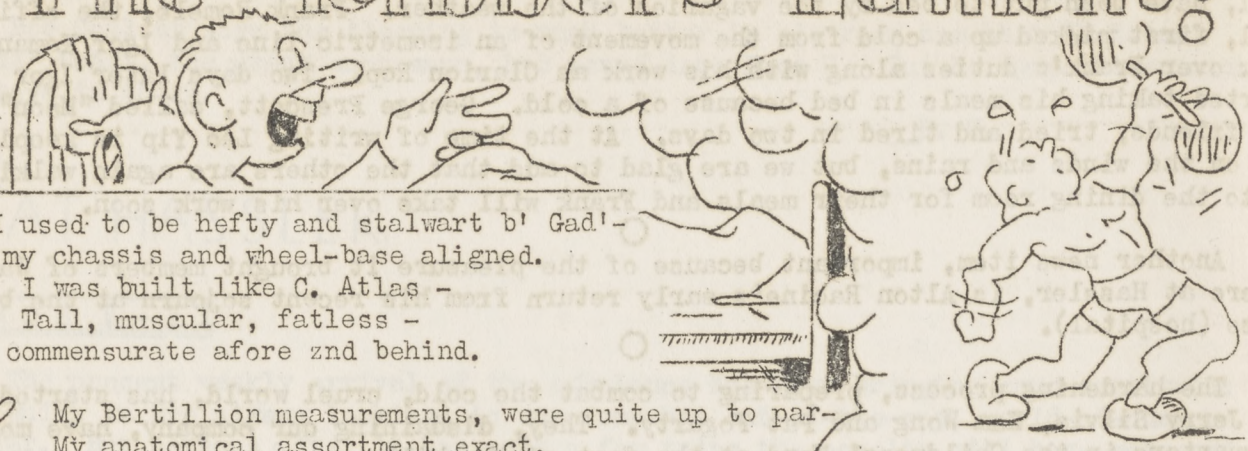
We hope that George Ogi will soon learn to talk through his smirking crockery so that we will be able to understand what he is talking about.

O

If you smell anything peculiar in Ward II these days, it's just that Douglas "Smoking Time" Lee has his pipe out again.

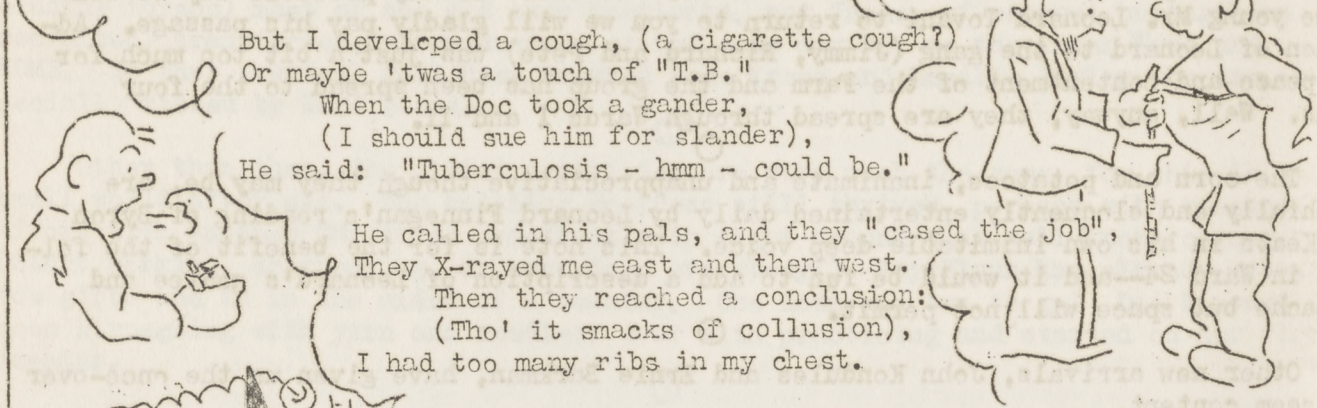
__R. S.

The Ribber's Lament!



Oh I used to be hefty and stalwart b' Gad!-
And my chassis and wheel-base aligned.
I was built like C. Atlas -
Tall, muscular, fatless -
And commensurate afore znd behind.

My Bertillion measurements, were quite up to par-
My anatomical assortment exact.
My gadgets and gears,
Were not in arrears,
And my framework was all quite intact.



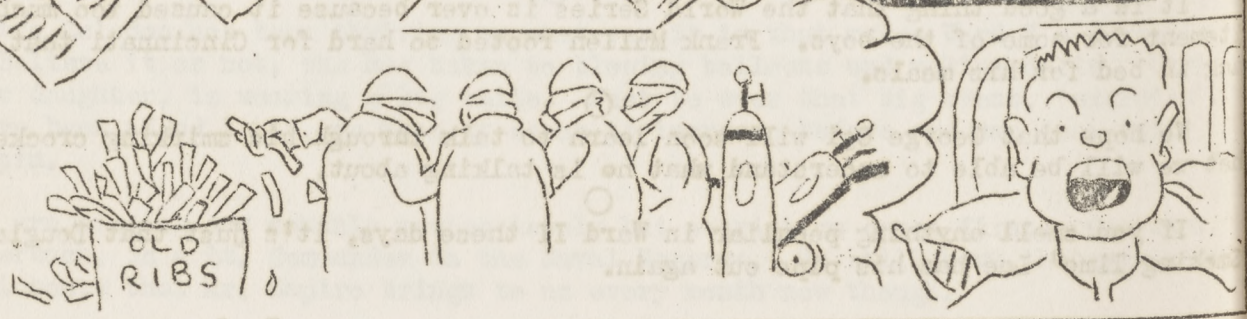
But I develcped a cough, (a cigarette cough?)
Or maybe 'twas a touch of "T.B."
When the Doc took a gander,
(I should sue him for slander),
He said: "Tuberculosis - hmm - could be."

He called in his pals, and they "cased the job",
They X-rayed me east and then west.
Then they reached a conclusion:
(Tho' it smacks of collusion),
I had too many ribs in my chest.

So my specifications have been altered somewhat,
I'm shy a few strakes I once harbored.
I should have some dunnage -
To ballast my tonnage,
And I'm listing a bit o'er to starboard.

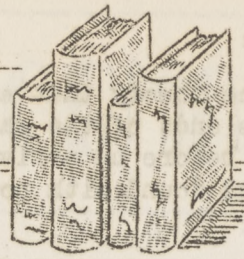
However, I'm still stalwart and hefty, b'Gad! -
As good as a lot of you fellows,
Just slightly inferior,
In "an" and "post" - terior
And a little bit short on the bellows.

- - Henry Dampier Vincent



J.D.

BOOK NOOK



REMEDIAL READING

You care little for reading and can't get through a book? You probably are the victim of unfortunate reading habits established way back in your juvenile days when teacher stood over you and taught with a ruler. It was only a few years ago that educators made the horrifying discovery that a too large percentage of high school students flunked English, history and similar courses because they had never learned to read.

There was much shifting of responsibility until the psychologists came to the rescue. They held long sessions with the non-reading students during which they probed and investigated and tested and meditated. Although it was, they said, a sad state of affairs, especially when one realized that non-reading students later became non-reading adults, something could be done about it. Therewith they sprang at their typewriters and presently books and later teacher training courses in "remedial reading" made their appearance.

"Remedial reading" simply means correction of reading habits that prevent you from reading with rapidity and enjoyment. The psychologists made discoveries about slow readers that condemned those early reading lessons when one stood primer in hand and read painfully, trying to remember to glance up from the page at every comma. This oral reading is said to account for the habit of mumbling gently to one's self or moving one's lips as one reads. The eye and mental perceptions are slowed down by the more sluggish action of the tongue and throat.

You are a slow reader if you read the printed page and enunciate your words mentally. There is a response of the voice mechanism, though soundless and unperceived and that slows mental reception. If your eye skips merrily over the page and your mental perception doesn't keep up, you finish with a garbled idea of what it's all about. This is a fatal shortcoming if you're reading history, or even the daily paper, and gives point to a remark by the late Artemas Ward, "The trouble with people is, they know too many things that ain't so." Such readers can speed up perception by drill in word meanings. A good dictionary helps in giving you a better as well as a quicker mental grasp. You read slowly if your attention is distracted. Train yourself to read by shutting out disturbing stimuli. The old style Chinese school, where everyone studied at the top of his voice, certainly developed ability to ignore noise. Then there is the matter of illumination. Eye strain can be caused from too much as well as too little light. In either case muscular tension develops, making you uncomfortable to the point where you lose interest and lay aside the book.

Experts on reading technique say that in casual reading, the eye should take a line at a time, or if this span is too large for visual perception, a phrase at a time, assuming that the subject matter is not crammed with unfamiliar words. The most enjoyable reading results when you follow your interest no matter what avenue it takes. So keep yourself mentally alive, satisfy your curiosity regarding any subject, give yourself new ideas, improve your vocabulary, hold up your end of a conversation...read.

__Carolyn Julian.

WAY OF A TRANSGRESSOR, Negley Farson.

A great many thinkers hold to the theory that events come to people, not people to events. One man may travel to the ends of the earth and nothing will happen to him. A revolution will occur a week before he arrives and a massacre the day after he leaves. He will come back safe and sound with nothing to talk about except the experiences he missed.

Quite the opposite, however, is the case of Negley Farson whose autobiography is reviewed here. Farson, son of a prominent post-Civil War family, seems to have had the faculty of being on the spot at the right times. He saw London in the throes of war hysteria; Petrograd during the bloody Kerensky revolution; France when the Kaiser's horde was knocking at the gates of Paris; and Egypt as a member of the R.A.F. in General Allenby's command.

The book itself is written in the easy, open style which distinguishes most autobiographies. There is little or no attempt to direct the reader's attention to specific dates or places. The whole work gives the impression of having been rather loosely put together. However, a bona fide "transgressor" would hardly conform to the more orthodox rules of assemblage. Again, as in most autobiographies, the author sometimes stresses unimportant incidents and sometimes loses himself in dull, uninteresting reverie. But these passages are few. They do not seriously affect the charm, the sly humor and the wit which makes the book notable reading.

"Way Of A Transgressor" is not a new book but it is doubly interesting and timely when read against the present background of an Old World seething with racial jealousy and hatred.

--Bernard Barnes.

MEMORIES OF A SMALL TOWN SURGEON, John Brooks Wheeler.

This is the forerunner of the series of doctors' books that have been published recently. Its main pretext for existence is that it spans such a long period of time, beginning in the early '70's and coming up to the present day. It is also rich in anecdote.

Dr. Wheeler is a graduate of the Harvard Medical School, a former president and charter member of the New England Surgical Society, a Fellow of the American College of Surgeons and, for many years, Professor of Surgery at the College of Medicine in the University of Vermont.

When Dr. Wheeler first entered Harvard Medical School in 1875 there were no restrictions upon the practice of medicine. Anyone could call himself a doctor and practice upon anyone he could induce to employ him. For those who wanted to be physicians, instead of quacks, there were medical schools but, at other than Harvard and Northwestern, there were no matriculation examinations and the requirements for a diploma were not strict. Dr. Wheeler studied under names that are still great in the annals of medicine - Dr. Oliver Wendell Holmes, Dr. Reginald H. Fitz and Dr. Bigelow.

We view with horror the pre-antiseptic era and the high mortality rate of operations and we sympathize with the people in their fearful dread of hospitals. As we see the metamorphosis of the horse and buggy into the automobile, so we follow the cataclysmic changes in the advancement of surgery. We watch the advent of Lister and, as with all things new, his fight for recognition. During this period we see the wonderful progress that has been made with Dr. Wheeler having been "in the swim" since its incipiency. We see the stringent training of the doctors, the growth of the hospital, the training of the nurses and the development of surgery, all highlighted by the author's glimpses into human nature.

--Gordon B. Stone.

MEDICAL INFORMATION, PLEASE

Q. - Will an arrested case of tuberculosis continue to raise sputum, and for how long? What might be the cause of the sputum other than tuberculosis?

A. - We assume that the sputum is negative. A continuation of non-positive sputum does continue sometimes indefinitely due to bronchiectasis, the result of scar tissue formed.

Q. - What is the meaning of rapid pulse? Should a tuberculous indiyidual having a rapid pulse take exercise?

A. - A rapid pulse may be due to other causes than tuberculosis, namely nervousness, increased activity of the thyroid gland and other infections. Sometimes a rapid pulse accompanies gradually increased exercise, but if it persists or increases the exercise should be reduced.

Q. - Can a patient show slight color in his sputum and still be improving?
A. - If blood tinging of the sputum is frequent it is often an indication of activity but if only rare in its occurence a patient may still be improving.

Q. - Do you think exercise ever helps to heal tuberculosis of the lungs?
A. - If tuberculosis is active, exercise does not help. If healing has taken place, moderate exercise may stimulate its progress.

Q. - Is it possible to have active pulmonary tuberculosis without sputum?
A. - Yes.

Q. - When fibrosis (scar tissue) has formed, is one short of breath? Has it a bad effect on the heart?
A. - Extensive scar tissue formation generally causes shortness of breath. There is an extra load thrown upon the heart by this increased effort of breathing and it should be safeguarded against undue stress and strain.

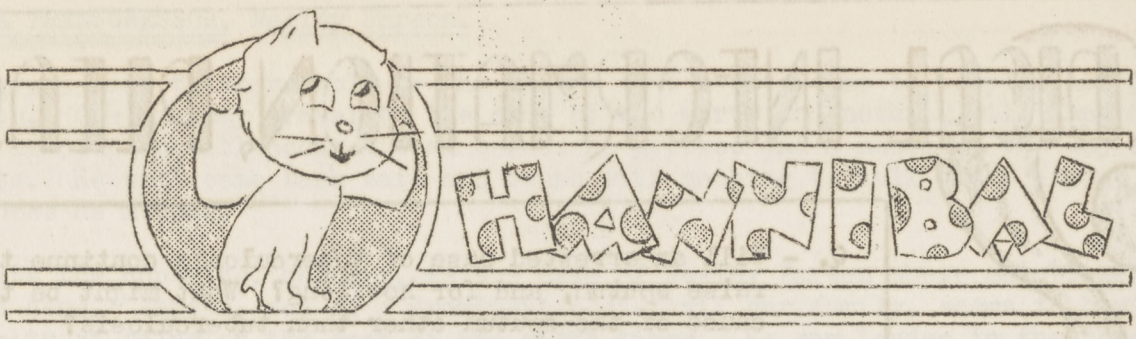
Q. - Is it better to force food or to eat moderately?
A. - There is generally a cause for lack of appetite and in those cases eating moderately is preferred to forcing food which is not well assimilated by the patient.

Q. - Is air travel inadvisable for persons having arrested tuberculosis?
A. - A person with extensive tuberculosis which has become arrested should be cautious about air travel because the high altitude causes more rapid breathing to supply oxygen to the tissues.

Q. - How many months should a patient rest after his disease has become quiescent?
A. - This depends upon the extent of the disease. The greater the extent the more gradual should be the resumption of normal activity.

Q. - If fluid is present in the pleural cavity can one have a phrenectomy?
A. - He can have a phrenectomy but generally the fluid rests the lower part of the lung very much as does the phrenectomy and hence it is not necessary.

((Questions answered by Phillip H. Pierson, M.D., Chief of Stanford Service.))



Hannibal was definitely alley cat from a variety of decidedly mixed antecedents, but he maintained a calm and regal front in spite of his bedraggled appearance. It was hard to say who adopted who, but from the minute little Bobbie espied Hannibal there was no separating them. Having negotiated the six flights of stairs to the shabby, smelly housekeeping room, Bobbie plopped down to rest while Hannibal poked cautiously about. "Well, what do you think of our palace?" Bobbie asked, as Hannibal tested first one chair and then the next.

Hannibal immediately took possesion of the place. It was quite a haven after the cold streets and slow starvation in the tenement district. Hannibal wasn't one to bow down to anyone and, with a square meal or two, he developed a very positive personality. He had a strange liking for old man Wayburn's pet chair which caused many a word and much ill feeling between them.

"Why in blazes do you have to pick that chair?" bellowed Wayburn, as he cuffed Hannibal to the floor. Hannibal dashed behind the chair and peered out with hard, glowing eyes. His ears lay flat, not a hair moved, only the tip of his tail twitched. Suddenly he leaped, sinking his teeth and claws into Wayburn's stocking feet, kicking convulsively with his hind feet and then bounding away in great thudding leaps. Wayburn let out a yell. "You devil; you'd better get out of my reach. One of these days you won't be so lucky." Wayburn sat there muttering and nursing his foot. "Damn cat thinks he owns the place."

In times of stress Bobbie wisely grabbed Hannibal and retreated to the street below until old man Wayburn calmed down. Wayburn had said several times, "If I get my hands on that cat I'll knock the living daylight out of him." Bobbie knew from his father's disposition that he probably would do just that. One thing led to another with Hannibal winning most of the battles. Finally, Wayburn threatened to throw the cat out of the window. "Bobbie, do you hear me, Kid?" If you don't get rid of that devil cat I'll bounce him for sure. I'm not fooling; I've told you a dozen times to get rid of him."

Bobbie had noticed that his dad was acting more irritable and jumpy than usual and he was pretty sure that Wayburn had reached the end of his rope as far as Hannibal was concerned. Bobbie picked up Hannibal and looked pleadingly at his dad. "It's no use, kid," Wayburn snapped, "I've had all I can stand from that flea-carrier."

"But dad," Bobbie pleaded.

"Shut your mouth and do as I say," shouted Wayburn.

Bobbie retreated to the door and walked

slowly down the steps to the street. He sat down on the last step and set Hannibal beside him. The cat settled itself calmly not seeming to realize that he had been evicted. Bobbie sat there gloomily wondering how he could part with his pet. His hand strayed out to stroke Hannibal's head but Hannibal clasped his paws around Bobbie's wrist and began to take loving nips at his hand. Bobbie yowled with pain, "Lay off Hannibal. Can't you ever behave? I'm not the old man you're chewing on. For crying out loud, let go." Finally, Bobbie had to painstakingly separate himself from Hannibal who considered it a game and hung on for dear life.

* * * * * *

A car drove up to the curb and two dark, strange men got out. "Is this the place?" asked one of them.

"Sure Mike," the other growled. "Ain't I been spottin' this guy all along?"

"Okay, let's get going then; no use hanging around and lettin' the whole neighborhood get a gander at us."

The two men looked around quickly and then hurried to the building. They brushed past Bobbie and almost stepped on Hannibal, who took a swipe at them as they went by. "I don't blame you Hannibal," soothed Bobbie. "Those guys are in too much of a hurry."

Wayburn sat alone in the room. "Poor kid," he said, "I shouldn't have talked too rough to him. It's that cat that always aggravated me into talkin' out. I'll let him go find the cat as soon as he gets back. This worry, worry, gets a guy. I can't think straight or act human with this load on my mind. I wish I had guts enough to go the "D.A." but I know I haven't. I'd have been all right if I hadn't strung along with those protective guys but, I'm in too deep now. It's funny I wasn't afraid before but I am now. I always had a feelin' that things would work themselves out, but now! They said I had to pay up today. Today! Why didn't I think? Why didn't I plan? Staying away from the shop won't do any good. Those guys won't let anything stop them."

There was a loud knock at the door, demanding and awful. No! No! He was panicky now and gibbering, "What will I do?"

They didn't give him time to think. The door crashed open and they stood staring at him with cold, level eyes. They came in slowly as he stood paralyzed with fear. The taller man prodded him with his gun saying, "You know why we're here, Wayburn. Get busy and drag out the dough; we won't waste any time on you. You kick through this time or else."

Wayburn just stood there; he looked dazed but his mind was slowly forming a plan. He was sure now that the payment wouldn't satisfy them. "They'll get rid of me; they won't trust me after this. They know that I'm gettin' desperate too. It will work if they don't stand too near me. Whatever made me think that they wouldn't kill me? It's worth tryin'; it's all or nothin' now."

Wayburn clenched his teeth as Mike slapped him across the mouth. "Snap out of it," snarled Mike, "have yuh got the dough or ain't yuh? We ain't got all day. Yuh can settle up or come along wid us. Do yuh understan' what I'm tellin' yuh?".

"Yeah Mike, yeah Mike," Wayburn mumbled, "I understand. I have a little cash and I can write a check for the balance. Got a check book on the bureau. You guys ain't gonna get rough are you? I was gonna pay up. I only needed a little more time; I can't loose that business of mine. Got a kid to think about too. You ain't

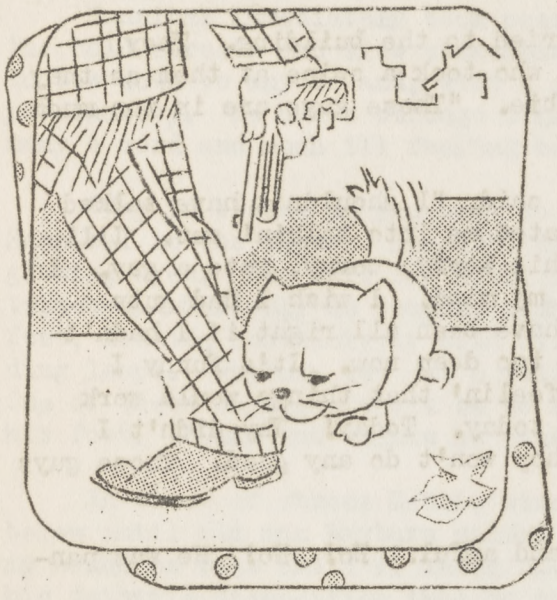
gonna get rough...

"Yeah, yeah, we know; get goin' and cut the sob stuff," growled Mike. "Write us the check and we can talk social-like later." He looked at the tall guy and winked.

Wayburn walked slowly to the bureau in the next room and the two men stood watching him from the door. He picked up the pen and in the check book under the amount wrote, "Room 25", and in the signature space he wrote, "Help." Then, with a quick movement of the pen, he splashed ink on the check. Cursing, he crumpled the check saying, "Must be too much hurrying. You know the old saying, 'haste makes waste.'"

"Yeah, we know the old sayin'," snapped Mike. "Get that check written and cut out the gab."

Wayburn wrote out a new check. He walked toward the men with the check extended and, as he passed the open window, quickly flipped out the crumpled check. His jaws were clamped from the strain. Beads of perspiration stood out on his forehead and made a path across his upper lip. "I know somebody will be curious. You can't drop anything onto that busy street without hittin' somebody. If they can only get here in time. I know they'll finish the job here. They won't take any chances trying to take me down to their car. If I can only stall long enough."



Hannibal made one pounce as the object hit the sidewalk. "What strange sort of mouse is this?" He pretended that it was bold and vicious and mauled it to shreds. He lay there guarding it jealously and leaping at it again and again in mock defiance of its pretended movement.

Bobbie smiled through his dejection and said to Hannibal, "You'd better not let it get away; it looks pretty fierce to me. Crazy cat; I wish I had nothing more to worry about than imaginary mice."

Suddenly there was a shot and a crash above. Things were deathly still for a moment and then the silence was broken by a cry of pain and despair. Almost immediately the two dark men rushed out of the building and past Bobbie. It was just too much for Hannibal. He was positive that somehow or other they constituted a threat toward his newly caught mouse. With blazing eyes he turned into a demon of revenge. He clawed and clung to the offending feet and legs--clawing and biting in spite of the blows that were knocking him senseless. Finally, he fell back satisfied that he had settled the score.

It had only taken a few moments, that unimportant battle, but that was all the time it took Mac, the cop on the beat, to get there. Bobbie pointed out the car that was drawing away from the curb. "There they go! There they go!", he shouted excitedly. "Those are the men who kicked Hannibal around. Catch them! Catch them! Why didn't you hurry? Gee whiz! Now you'll never get them."

"Yeah," thought Mac, "and have them fire into this crowd. Most people have about as much understandin' of what we're up against as that kid worryin' about his cat."

Hannibal wasn't feeling so well. He lay there making low, dull sounds in his throat. Bobbie was too excited to comfort him and was trying to tell everyone at once what had happened. "Those guys tried to kick Hannibal around. It was a swell fight. Gee! You ought to see Hannibal hang on. I sure wish Mac could'a caught them."

When the news finally drifted down to the crowd about what had happened upstairs, one of the kindly neighborhood ladies took Bobbie's hand to lead him to her flat, but he broke away saying, "Wait; I can't leave Hannibal." Hannibal gave in weakly and was carried away proud but battered and with the prized mouse tightly clamped in his teeth.

* * * * * *

Bobbie was taken to see the police line-up the next day, but he flatly refused to go unless Hannibal could go too. "You see," he pleaded, "Hannibal isn't feeling so well; besides, Hannibal doesn't like stayin' alone; we're pals."

Bobbie sat in the courtroom quietly and Hannibal lay limply in his lap. Bobbie and Hannibal recognized the men at the same time. Hannibal's eyes turned one shade greener and he sheathed and unsheathed his claws. Bobbie shouted and pointed, "That's them; that's the guys that done it."

"Yes," Mac said, "that looks like them. But are you sure Bobbie?"

"Yeah, I'm sure," Bobbie replied. "They almost stepped on me twice."

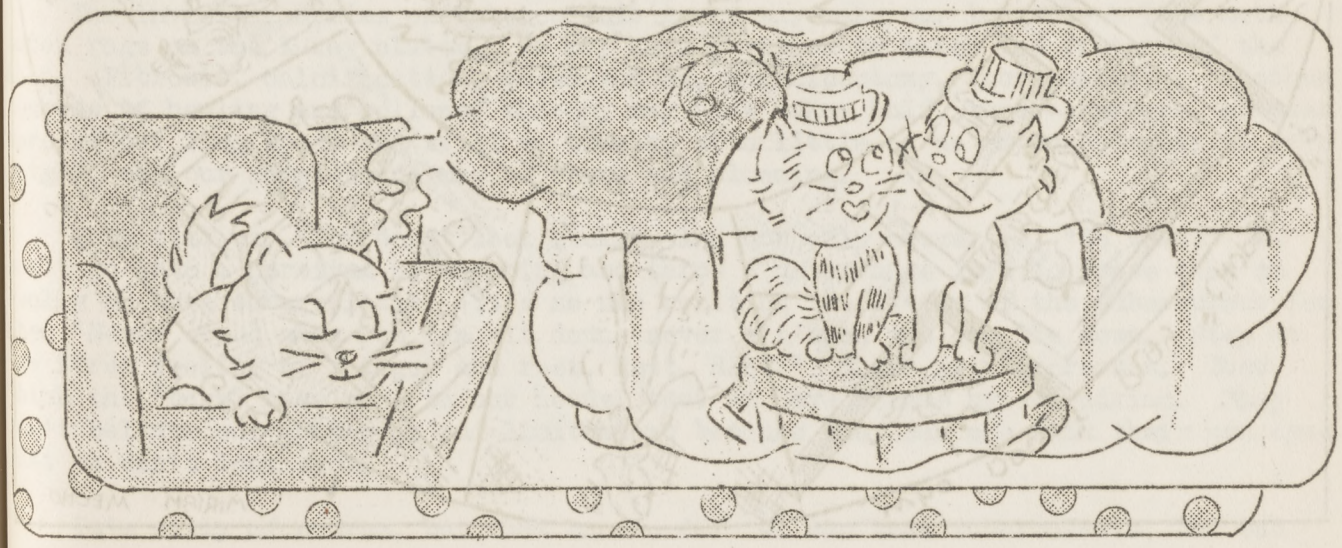
"Okay," the sergeant said, "that cinches it. Those are the guys with all the claw marks on their legs."

Old man Wayburn pulled out of it all right, and after he found that the guys were positively identified and had confessed, he broke down and told the whole story.

Hannibal is back in his pet chair again and Wayburn doesn't argue about it.

One thing about alley cats--they have very positive personalities and it pays to cooperate with them.

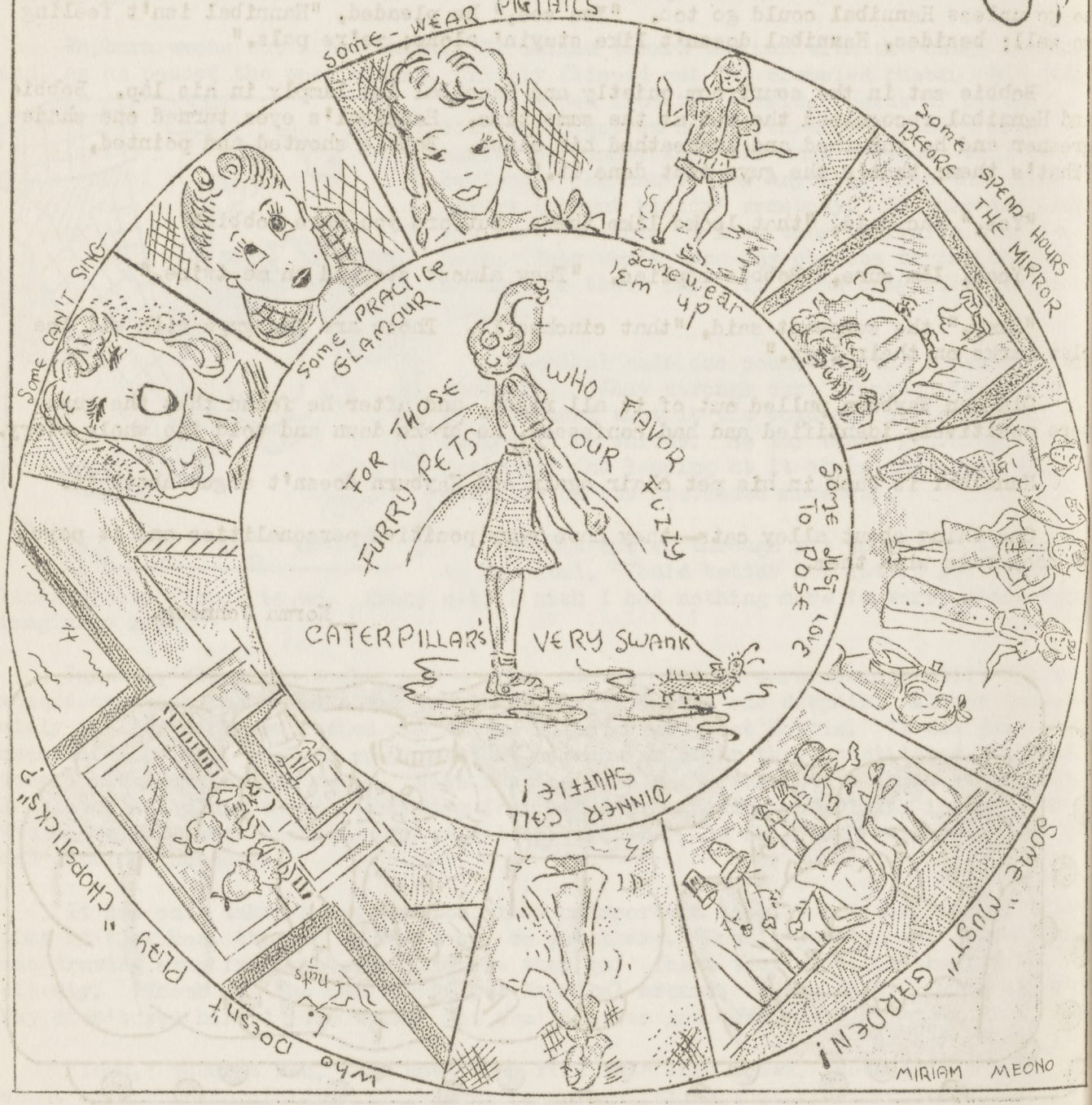
__Norma Johnson.



HASSLER ANTICS

OR

HOBBIES, HABITS and HORRIBLE TRUTHS



YOU DON'T LOOK SICK!

It seems rather strange that after the remarkable success in lowering the death rate from tuberculosis during the last quarter of a century and the great amount of publicity that has been given this success, so many people in the healthy world outside the sanatoria will persist in thinking of the disease as nearly always fatal. They picture the victims as pathetically frail, coughing, skinny creatures, staining their handkerchiefs with blood on the slightest exertion.

Recently I went to the movies in a nearby town with several of my fellow patients from Potts Memorial Hospital. The show featured a victim of tuberculosis in the accepted manner and pictured him dying most gracefully and tragically with bitter, soul-racking coughs. Many of the healthy folk in the audience coughed in sympathy, but do you think one of us Tb.'s coughed? I should say not! Instead, we had a difficult time choking back our snickers. The rest of the audience would think we were crazy to find anything funny in this tense moment of the drama. But the conventional portrayal of the cadaverous consumptive is so far from the more common reality that it's silly to those of us who live intimately with the disease.

After the show we walked up and down Main Street window shopping and mingling with the crowd. Later we stopped in for an ice cream soda. Not a soul suspected us of being tuberculous. If they had, many of them would have crossed the street to avoid contamination. Others would have looked at us as though we were freaks, living dead men, or fated souls destined for a sudden and horrible end. Others still would look at us as something to scorn and if they were bold enough to speak they would say, "You don't look sick."

Their encouragement is sincere and well-meaning--we know that--but it's gall and wormwood to us. We're sensitive to detect the note of sarcasm in their voices. We can read the thoughts and inferences behind their words, "you don't look sick." The long months of idleness recovering from tuberculosis have sapped your courage and ambition. You've lost your morale. You're lazy, "charity bum," "institutionalized."

They don't say those things coldly and callously. They convey them to us in their pity, their hints, and subtle suggestions which are always too plain to us. We don't look sick and we know it. Some of us could stand up beside the members of any college football squad and defy the keen-eyed audience to pick out the sheep from the goats.

The invisible armies of tuberculosis germs may make our lungs look like moth-eaten rags on the X-ray plates. We may have cavities to match the craters of the moon. Fibrosis, calcification, pneumothorax, phrenicectomy, thoracoplasty, or other methods of healing and collapse therapy may have taken half, three-quarters, or even more of our lung space and still we breathe with little or no embarrassment; we gain weight, and our complexions may be fresh and blooming.

They tell us, "You don't look sick." And our only answer is, "So what?" We can't go into a paroxysm of coughing and throw a hemorrhage just to prove that we really do have tuberculosis. It's no use reciting the litany of the tuberculous for them "Never stand when you can sit down; never sit when you can lie down. Stop at the first feeling of fatigue and rest, Rest, REST!" Their pity increases. They think the "bugs" have gone to our heads; that we have become hypochondriac. They won't believe our handicaps and limitations because they can see with their own eyes that we don't look sick.

It's silly of course, but what can we do? We can beat tuberculosis, but God

save us from pity! We can't survive that. It smothers the mind, scars the soul, shrivels the ego, and tortures the victim until he cringes and grovels like a beaten cur. Nothing is so destructive as pity.

Those of us who are weak will accept it and turn to hypochondria for escape. The trifling symptoms and ailments will be magnified; weakness and frailty will be encouraged and cultivated until we are beyond help, caught in the trap of chronic invalidism.

The rest of us will fight back. To tell about tuberculosis and the rules of the game! We don't look sick. We cannot face pity and so we will not give anyone a chance to pity us. If we have to compete with healthy, normal workers, we'll hold up our end with the best of them and work until we drop.

There are few part-time jobs in industry. Light work is a joke. Every worker must do his share and give the best that is in him or face dismissal. For the worker handicapped with crippled lungs, there is only one end, fatigue, overwork, strain--trifling things to the healthy--means relapse, breakdown, and a return to the sanatorium to begin the battle with tuberculosis all over again. There may be second and third chances. We may recover again and again. But there is an end. You can't pour water out of a bucket, no matter how slowly, without one day finding it empty.

Death still claims 70,000 victims of tuberculosis each year in the United States. But for one that dies, a dozen or more will recover completely or in part. In spite of the educational campaigns and the efforts to discover the disease in its incipient stages, the majority of cases admitted to the sanatoria are moderately or far advanced and will always be more or less permanently crippled. In England, where conditions in tuberculosis work are very similar to our own, it has been found that forty per cent of the cases passing through the sanatoria should be considered permanently disabled to the extent that it is inadvisable for them to return to the strain and competition of a normal life.

It isn't good sense or good management to send out a patient who is only half cured, or one who cannot maintain his cure on the outside. We don't want pity. All we ask is a helping hand so that we can get back on our feet and regain our independence as far as crippled lungs will allow. This means after-care and rehabilitation...graduated work under careful medical supervision to finish the cure and thoroughly test the patient's working capacity and establish definitely his handicaps and limitations.

For those who are seriously disabled by damaged lungs to return to a place in industry or normal life, we want the establishment of Village Settlements for the Tuberculous such as those already proved so successful in England and France--Preston Hall, Papworth Colony, Clairvivre, Barrowmore Hall, and others.

—The Rehabilitator.

———— ○ ————

progress

This morning's collars may have deep points; tomorrow's -- heaven knows what their points, good or bad, will be. Progress, like a snarling cur, snaps ever at the heels of complacency. Whatever is, isn't. And so, if we change our ideas on tuberculosis with more or less frequency, that's not to be wondered at. What isn't known about tuberculosis would fill a book. And what is known -- why we try to make that fill a book, too. -- NTA CLIP SHEET

The Singing-Hills
BY -Victor Wong
AGE 12

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The CLARION

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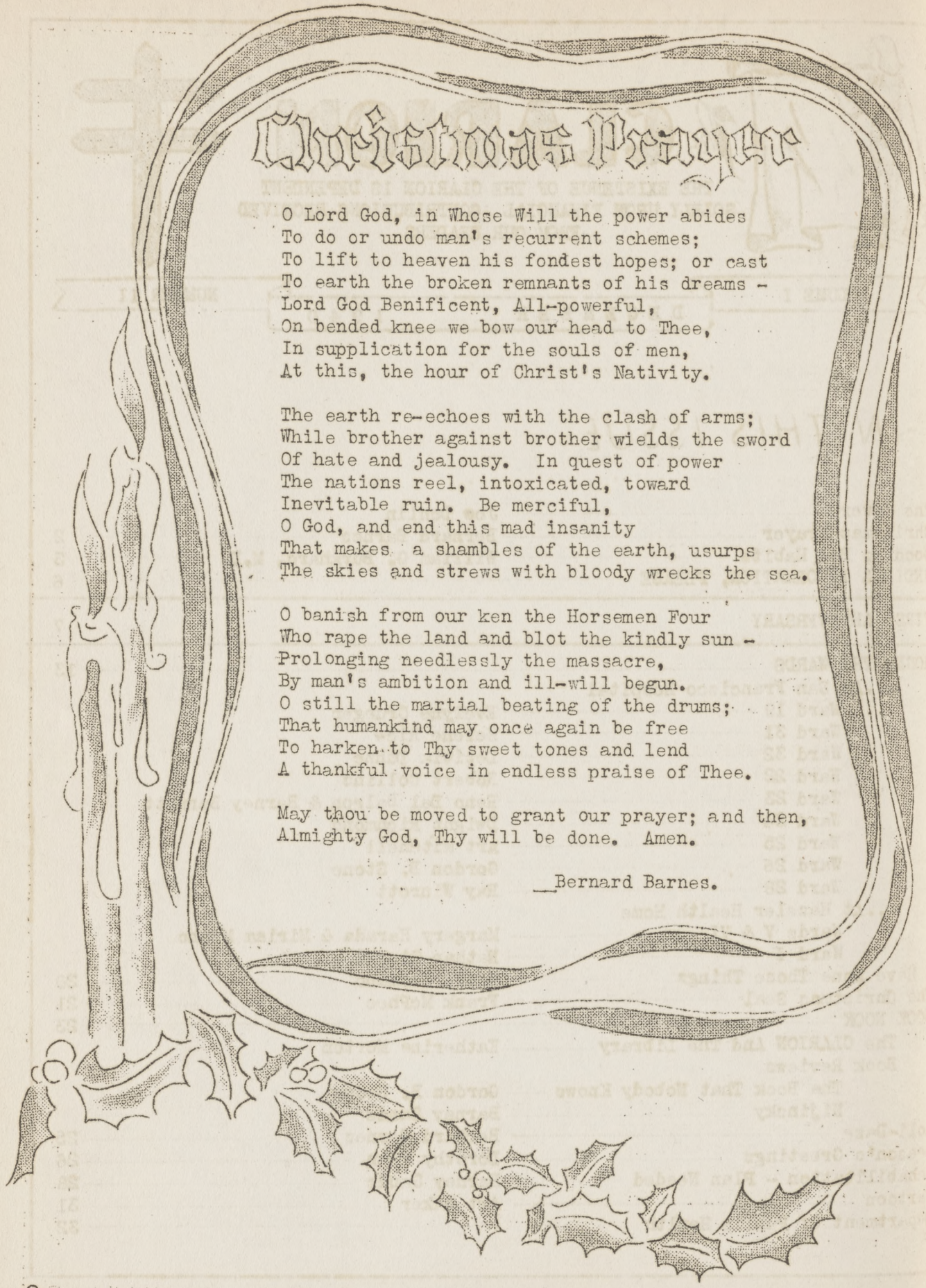


Christmas Prayer

O Lord God, in Whose Will the power abides
To do or undo man's recurrent schemes;
To lift to heaven his fondest hopes; or cast
To earth the broken remnants of his dreams -
Lord God Benificent, All-powerful,
On bended knee we bow our head to Thee,
In supplication for the souls of men,
At this, the hour of Christ's Nativity.

The earth re-echoes with the clash of arms;
While brother against brother wields the sword
Of hate and jealousy. In quest of power
The nations reel, intoxicated, toward
Inevitable ruin. Be merciful,
O God, and end this mad insanity
That makes a shambles of the earth, usurps
The skies and strews with bloody wrecks the sea.

O banish from our ken the Horsemen Four
Who rape the land and blot the kindly sun -
Prolonging needlessly the massacre,
By man's ambition and ill-will begun.
O still the martial beating of the drums;
That humankind may once again be free
To harken to Thy sweet tones and lend
A thankful voice in endless praise of Thee.

May thou be moved to grant our prayer; and then,
Almighty God, Thy will be done. Amen.

__Bernard Barnes.

GOOD vs BAD HABITS

By WILLIAM G. BURKHARD, M.D.

Sir William Osler once said, "The cure of tuberculosis depends more on what the patient has in his head than what he has in his chest." To me, this statement does not seem entirely correct. I would have it read, "The cure of tuberculosis depends both on what the patient has in his head and in his chest."

Tuberculosis, by its nature, is an extremely chronic disease and therefore treatment must naturally extend over a prolonged period of time. Consequently, the cure of the disease is a long and I might say, a tedious affair. The treatment of tuberculosis is divided into three parts:

MEDICAL ---------- ARTIFICIAL PNEUMOTHORAX ---------- SURGICAL

Under medical treatment, the most important item of all in the armament that the tuberculosis physician has at his command is, rest in bed. I fully realize that many people first consult their physician for their cough, lassitude, night sweats, low grade fever and lack of appetite, all of which they have had for some time. At this point they first discover they have tuberculosis and immediately ask, "Doc, how long will it take?" Frequently the doctor replies, fully knowing that this is not the truth, "Oh, in a few months you will be all right." He wishes to spare the patient a severe shock by replying in this fashion. He should truthfully say, "Your sickness is a chronic one and you will be disabled from at least six months to one year." On obtaining the truthful answer the patient will realize the seriousness of his illness and concentrate on spending his time observing absolute rest in bed.

Then comes personal hygiene--the proper way to cough into your handkerchief, the proper disposal of all sputum and blood, if any. You should be instructed not to kiss anyone; no one should kiss you; you should know whether or not to wear eye shields to protect you from the daylight in order to rest better.

Fresh air is imperative. To have fresh air windows must be kept open. If you are cold you should wear more clothing. Soon you become accustomed to the cold temperature about you while we visiting men freeze.

When one has tuberculosis, wholesome food of high caloric value should be eaten such as milk, butter, cream, cheese and eggs with plenty of orange juice, tomato juice and Cod Liver Oil to adequately take care of the necessary vitamin demands of the human body.

The patient's mental attitude is very important. To have the will to get well, the perseverance to rest at all times, to do what the doctor advises, to be quiet, not to use the voice, to eat well and properly, to try to limit or even cease smoking and drinking and, in general, to keep cheerful and happy in the long drawn-out process of getting well.

There is no specific cure for tuberculosis. We often say, "The cure of tuberculosis depends on the resistance of the host and the virulence of the organism." Our use of medicine in the treatment of this disease is purely empirical and symptomatic. Cod Liver Oil, Kepler's Malt Extract with Cod Liver Oil or any similar product, elixir of quinine, strychnine, and quinine. Cushing's tonic and Vitamin B are used for poor and failing appetites; codeine, aspirin, phenacetin, pantopon or morphine are used for pain, persistant cough or hemorrhage. Lately, we are using more codeine and very little morphine for the control of hemorrhage because morphine is too depressing and often increases the amount of the hemorrhage. Phenobarbital or luminal, which are one and the same drug, sodium bromide, triple bromides, chloral hydrate and sodi-

um amytal are used for insomnia, nervousness and apprehension; belladonna is used frequently for that upset stomach due to gas, cramps, or vague abdominal pains. Bismuth, paregoric, compound chalk mixture, tincture of opium, barley water, and boiled milk are used for those loose and painful bowel movements, very often associated with tuberculosis of the lungs and intestines. Vitamin B is used by mouth and by hypodermic for neuritis; ephedrine and adrenalin are used for asthmatic attacks and those frequently troublesome wheezes. We also use the heavy metals such as gold and copper salts which are, however, used to a greater extent in foreign countries than in the United States. The gold or Sanocrysin treatment of tuberculosis is quite popular in the Scandinavian countries and to a lesser extent in England. This method of treatment is not without danger and is used very little in this country. The use of copper in the form of Copper Morrhuate was introduced several years ago in South America but was proved of very little value in the United States and has practically been abandoned.

Again under medical treatment, comes the use of ultra-violet light which is used rather extensively for tuberculosis of the intestines, lymph glands, bones and joints and, occasionally, in selected cases of bronchial stenosis and the so-called blocked cavity. Its use in the latter complications is still in the experimental stage. Occasionally we use ultra-violet directly applied to a tuberculous larynx. This is rather difficult to do and, as yet, we have no such applicator available in this hospital.

You have heard before about the use of tuberculin in the treatment of tuberculosis. Opinion is quite divided as to the ultimate value of its use and the dosage should be controlled. Of late, there has been a tendency to swing back to its use in the chronic case of tuberculosis with low grade activity.

I have classed pneumothorax in a separate heading under "treatment" and that is where it belongs--in a class by itself. You all know what a great boon this treatment has been to many of you and perhaps how it has harmed a few of you, how it has been unsatisfactory to others in not accomplishing its purpose; namely, a satisfactory collapse and compression of the diseased lung and perhaps underlying cavity. Therefore, a proper and extremely careful selection of cases must be made before instituting this or any other form of treatment. Not everyone who receives an artificial pneumothorax is destined to get well. That would be Utopia, as yet around the corner. Pneumoperitoneum is used now and then to aid in obtaining a better collapse of the diseased lung from the abdominal side, usually in conjunction with a phrenic crush.

Under surgical treatment come the various operative procedures; namely, phrenic crush or, the mere crushing of the nerve; phrenicectomy or, the severing of the nerve with or without pulling out a portion of the nerve; thoracoscopy or, looking into the pleural cavity; bronchoscopy or, looking down the bronchial tree or windpipe for evidence of ulceration or stenosis; intrapleural pneumolysis or, looking into a pleural cavity and severing existing adhesions to the chest wall from the collapsed lung; extrapleural pneumolysis or, opening the pleural cavity and severing the adhesions; extrapleural pneumothorax where a pocket of air is made outside the pleural cavity and pressure exerted on the underlying diseased lung or cavity. Frequently in this case, paraffin fillings are made outside the lung in the young individual and often oil is introduced directly into the pleural cavity to maintain a pneumothorax or extrapleural pneumothorax. And, last but not least, is thoracoplasty, anyone of a dozen different types and methods being used, all of which have their proper indications or contra-indications. These I shall not go into and explain any further, for sometimes we doctors are a bit puzzled as to which procedure would be the best one for a particular case.

Under the heading of "bad versus good habits" please allow me to state that frequently I have heard that most of you are up and around your room or ward too much

and far exceed the amount of time allotted in "up" privileges. This applies to the women as well as to the men and is a very bad habit. A few of the women take too much time and effort in primping for the visiting doctor or, for her visiting friends. Some of the women sew too much; others talk too much. Some are sitting up in bed reading, talking, laughing, and sometimes even yelling after lights are out or after rest period is fifteen or twenty minutes old. Some of you worry and do not sleep. A few of the men still drink. All of these are bad habits. Worry never cured tuberculosis or paid anyone's bills. Truly, worry is a very bad habit. A very few of you take particular delight in deliberately trying to break any and all the rules no matter what they are and where you are. In so doing, you hurt no one but yourself and retard your own progress. In walking through the wards I am often quite surprised to see the food that is left on the trays untouched. The food served is good, wholesome food, full of calories, nourishment and the necessary vitamins. Fully realizing that there is quite a different point of view when you are up, around and active as compared to being bedridden, sick and worried, it is nevertheless true that the food served is suitable to maintain weight and health. So, this too, is a bad habit. Some of you cough without covering your mouths. Others sneeze without covering up, and believe me, there is a considerable amount of fine droplet spray in the air after a cough or a sneeze and if you have a positive sputum, you are spreading your tuberculosis to others, not only in the hospital, but wherever you are. This certainly is not a good habit. And there are other patients who are always faultfinding. Now, one can always find something to complain about, very often rightfully. The perennial faultfinder is a menace to himself and everyone else. He is in himself a bad habit. Others complain about the service. Remember that even though you are confined in a City institution the funds for any particular purpose are often limited. Sometimes the institution is short of help; often this cannot be avoided. So do not have the bad habit of complaining about the service all the time. Do not "ride" the practical nurse, the orderlies, the student or graduate nurses or the doctors. If you have a legitimate complaint refer it to the supervising nurse or doctor and it will be investigated but do not have the bad habit of complaining just to complain. Sun bathing is also a very bad habit and often causes dissemination and reactivation of a quiescent process. In addition to all the bad habits mentioned by me, there are many others but, why go into them? You know what they are just as well as I do. Suffice it to say, get rid of all your bad habits as soon as you can and replace them with good ones--the habits that will help rather than hinder you in recovering from your long and chronic illness.

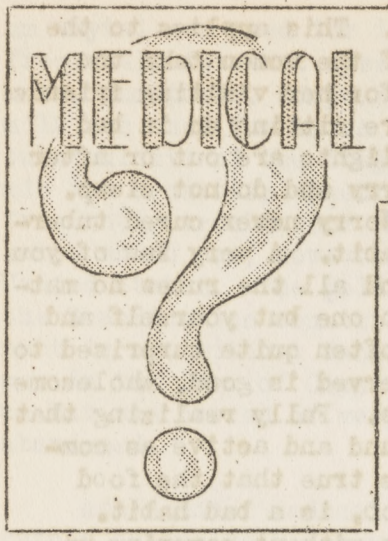
Little more can be said about the patient's part in getting well. He must be of an even disposition, without fear, receptive, amenable to suggestion and proper discipline, cheerful and, above all, cooperative and possessed of the will and determination to get well. Give due consideration to your fellow man and in so doing you give consideration to yourself.

Remember, finally, that there is no golden road to the recovery from tuberculosis, no specific agent or treatment for tuberculosis, and no shortcuts to health. The cure of tuberculosis depends both on what the patient has in his head and in his chest.

———————— ○ ————————

William George Burkhard, M.D., was born in Tuscon, Arizona. He obtained his premedical education in the San Francisco schools and has been a resident of this city practically all his life. He has an A.B. degree from Stanford University and graduated from that university's medical school. Doctor Burkhard was House Officer in Surgery, Gynecology, and Obstetrics at the San Francisco Hospital during 1927 and 1928; Assistant Visiting Physician, 1928-38; Assistant in Medicine, Stanford, 1928-30; Surgeon, San Francisco Emergency Hospital Service, 1928-30; Consultant in Tuberculosis, Hassler Health Home, since 1935; Visiting Physician, San Francisco Hospital, since 1938 and, at Stanford, since 1928.

MEDICAL INFORMATION, PLEASE



Q. - How much time is required for the formation of calcification? Does it follow immediately after the formation of scar tissue?

A. - Calcium is deposited slowly in many healing tuberculous lesions but not in all. The younger the patient the more likely he is to deposit calcium. This begins soon after caseation occurs but becomes detectable on the X-ray film only after the lapse of months.

Q. - Which of the two forms of healing, calcification or fibrosis, is likely to break down? Would a patient with a great deal of calcification be considered a better risk against a breakdown than one merely healed by fibrosis?

A. - 20% of calcified lesions may contain living tubercle but, on the whole, one can say that calcified lesions represent the end stage of tuberculosis healing and are less apt to break down than any other stage, including fibrosis.

Q. - Does tuberculosis ever affect the tonsils?

A. - Yes. It is estimated that between 3% and 4% of tonsils removed from otherwise healthy people will show the affects of tuberculosis.

Q. - Are night sweats a late-stage symptom or do they also occur in the early stages of tuberculosis?

A. - The latter is correct. People vary a great deal in their tendency to sweat at night but, generally speaking, one may say that a patient with fever, either with early or advanced disease, is more likely to sweat than one who is afebrile.

Q. - If the left cheek flushes is it a sign of activity in the left lung? What causes the flushing?

A. - The cause of flushing is stimulation of the sympathetic nervous system. It often occurs on the same side as the diseased lung, but this is not always true.

Q. - How long after a patient is pronounced cured should the afternoon rest period be continued?

A. - There is no general rule. You should remember, however, that nobody is pronounced cured unless he has been well and at work for five years. One is unlikely to observe rest hours under these conditions.

Q. - When is a lesion far advanced?

A. - This is a technical definition by the American Sanatorium Association and implies cavities of certain size, consolidation of lobes and extent of disease in the lungs. For the benefit of the patient one might say he is far advanced if he has large cavities or complications elsewhere in the body.

Q. - Do the lungs heal while one coughs and expectorates?

A. - Certainly.

(Questions answered by S.J. Shipman, M.D., Chief of U.C. Tuberculosis Service)

1ST. ANNIVERSARY
CLARION
DEC. 1939 - DEC. 1940

J. C. G.

I am happy to congratulate The CLARION on its first birthday.

I was very pleased with the first edition and have watched its steady growth during the past year. The high quality and dignity of the paper has spread its influence far beyond the hospital walls. Many new friends have become interested in our tuberculosis problems. Through the pages of The CLARION many inspirations have come to our patients, our staff and our visitors.

I trust it may be long continued on the high standard already established.

Congratulations.

J. C. Geiger, M.D.

GHB

Much credit is due the patients and staff members who have persistently labored to create, maintain and develop this excellent hospital publication. The pioneering period in the life of any undertaking usually requires unusual effort. That the effort has been furnished is evident in this final edition of The CLARION'S FIRST YEAR OF LIFE.

A needed want in our tuberculosis program has been filled. The benefits of The CLARION are many. We need it in our midst.

Long may it prosper.

George H. Becker, M.D.

S. J. S.

Please accept my congratulations for The CLARION'S splendid work in the past year and my best wishes for your continued success.

The CLARION is the finest periodical of its kind that I have ever read. It has done a splendid job and has been of great value to the staff in helping to show patients our aims and methods; and it has been of value, I am sure, to the patients in helping them to acquire a reasonable knowledge of tuberculosis and something of its background.

I hope you will convey my personal thanks to the many contributors and friends of The CLARION who have been active in the past year, and also express my warmest appreciation.

Very cordially yours,

Sidney J. Shipman, M.D.

P H P

This marks the first anniversary of The CLARION'S existence and I think it is an excellent time to review briefly the work accomplished.

The CLARION is one part in your educational program, your radio broadcasts representing another phase in this same type of work. You (Doctor Schaper), as the guiding force, are to be congratulated in that you have been able to associate about yourself a group of excellent executives and workers. As I have read the issues it has seemed to me that everyone has enjoyed their part of the work and that the quality of each issue has improved and become more interesting. While the immediate effect of the educational program is felt by the patients, its indirect effect extends to their friends and relatives and to the community as a whole. It is difficult to estimate how far this reaches. I am sure it has had a stimulating effect upon the patients while in the hospital, resulting in their closer cooperation with the visiting staff.

I trust that in the succeeding years this publication may continue along the path it has so admirably started and that its effect will be progressively even more far reaching than in the past.

Very sincerely yours,

Phillip H. Pierson, M.D.

Congratulations on the anniversary of your organization. You have done a splendid piece of work on our hospital magazine. May it continue successfully in the future as it has in the past.

On authority from the Director of Public Health.

Sincerely,

L. M. Wilbor, M.D.

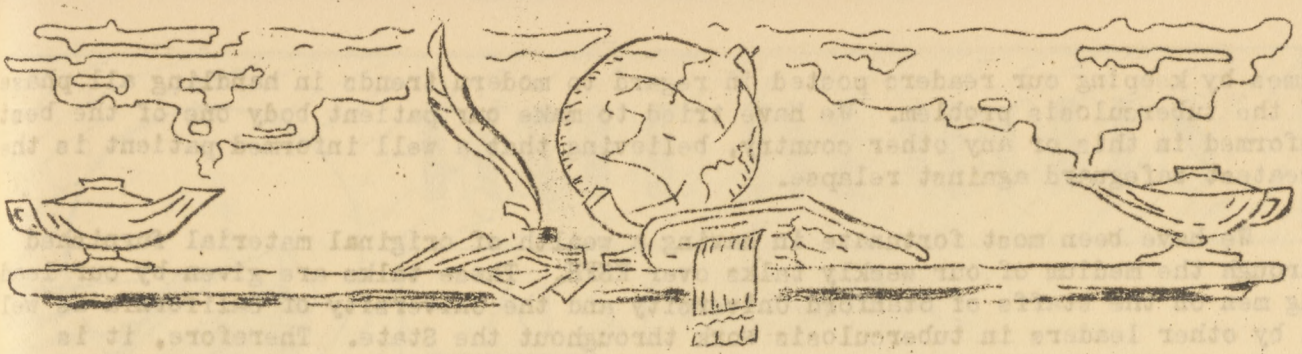
The first editorial in the first issue of The CLARION commented upon the fact that we were making our debut during the holiday season. It seems fitting on this, our first anniversary and, the arrival of another such season, that we acknowledge our great debt to fine friends and willing sponsors whoever and wherever they may be.

Rather than attempt any profuse and eloquent expression of gratitude we will be content to stick to simple thanks. Where to begin and where to stop these thanks looks like a hopeless task. How to remember all? How to be certain that we forget no one? So many have been indispensable cogs in the upbuilding of The CLARION and responsible for whatever success it has attained. But for their unshakeable faith and unstinting labor we should long since have become a magazine that once saw the light of day and then faded into the "Valhalla" of suspended publications.

The support has been varied. Our financial contributors, the patients and others interested in the tuberculosis movement, have been many and have given us the wherewithal to continue our existence. They have made it possible for us to do our bit in spreading the knowledge that is necessary to completely annihilate the rapidly retreating "White Plague Army". The cooperation of the authorities in the Department of Public Health, of the Medical Staff, and of the employees of the institution has been a continual source of encouragement. The sustained enthusiasm of the patient body has served as a spur during times of discouragement. There have been many "come through" performances, performances that merit words of appreciation and gratitude.

The article on the following pages reviews the history of our past and some of the hopes for our future. The trials and tribulations of our first year can now be forgotten, except for the things that they have taught us. If we have learned our lessons well and continue to have our present support the future is assured and at some time, in that future, we shall find such success as now exists only in dreams.

H. H.



THE CLARION'S ANNIVERSARY

By E. A. SCHAPER, M.D.

One year ago this month the San Francisco Hospital CLARION made its bow to the public. Its name was chosen from more than fifty others submitted by the patients of the San Francisco Tuberculosis Hospital and has proved to be most popular and fitting.

Material was gathered for months by Mrs. Julian from the patients in the hospital. Eddie Shimano was made editor and he appointed assistants and ward reporters. Arrangements were made, with the help of Alfred Crewe, for the mimeographing and Dr. Virginia Wright, an interne, cut most of the stencils. We started out without any money but a lot of faith, confidence and the determination to put out the best magazine of its kind if we could. We came up through much tribulation. It was a new venture in this hospital and most of those in authority were opposed to the idea of a paper for the Tuberculosis Division. After considerable talk and explanation all agreed to try at least one issue so, about the middle of December, 1939, the mimeographed sheets, approximately 20,000 in number, were brought over to The CLARION office on Ward 20 to be assembled. We gathered together about a dozen patients in all stages of convalescence and they put the sheets in order. I still remember how they all stood side by side around the long table silently but swiftly collecting the separate sheets into thirty-two-page booklets. Stapling was too strenuous for convalescing patients so we had to inveigle well people into doing this work. Ed Painchaud did a large part of the stapling after his regular day's work was finished. Some of the internes and nurses helped and, finally, the day of distribution arrived. A distributor and collector was appointed to each ward and a meeting of this group was held before The CLARION was distributed. Then, following a Friday KSFH broadcast, an announcement was made as to the method of distribution. The CLARION was passed out to each patient whether or not he could afford to pay for it and our first issue was in the hands of the public. It far exceeded the expectations of any of us. Only praise came from patients, officials, employees and medical staff. Some of the doctors donated liberally, the San Francisco Tuberculosis Association generously subscribed to our support and patients and staff alike helped splendidly with the result that we have been able to meet all our expenses from that day to this, for which we are duly grateful.

The purpose of The CLARION has been primarily to educate the patient in the fine art of getting well and staying well. Secondarily, it has tried to arouse interest in the tuberculosis problem among those outside our hospitals. We wish to educate them and persuade them to help us accomplish the great work we are trying to carry on so that, finally, tuberculosis may be eradicated and 70,000 lives a year now lost preserved for some useful purpose. Third and last, we wish to entertain and amuse our readers. An effort has been made to avoid the usual pitfalls, which beset such magazines, of catering almost entirely to the local reader, indulging in personalities which too often mean nothing to anyone but a few on the ward. We have done our best to publish a clean, informative, more or less dignified magazine which would bear up well under the closest scrutiny. We have endeavored to stay abreast of the

times by keeping our readers posted in regard to modern trends in handling all phases of the tuberculosis problem. We have tried to make our patient body one of the best informed in this or any other country, believing that a well informed patient is the greatest safeguard against relapse.

We have been most fortunate in having a wealth of original material furnished through the medium of our weekly talks over KSFH. These talks are given by our leading men on the staffs of Stanford University and the University of California as well as by other leaders in tuberculosis work throughout the State. Therefore, it is rarely that we find it necessary to print any but original material although we have no objections to a good reprint now and then.

I wish to take this occasion to thank all those who have helped us in making The CLARION such a great success but the list is too long to include in this article. However, I feel that we should mention the patients themselves first and then our editors and contributors, both literary and pecuniary, The San Francisco Tuberculosis Association, the WPA Project in education, which has done most of our mimeographing, the officials of the Department of Public Health, all our subscribers and anyone else who has helped us by word or deed.

We believe the work of The CLARION has just begun, that only the foundation for a future greater work has been laid, for there is still so very much to be done before tuberculosis will be eradicated. Therefore, during the year to come it will be necessary for our friends everywhere to help support The CLARION in every way so that it may continue to survive and prosper from month to month that it may really and truly become the best paper of its kind in this country. To a certain extent it has gone through its first year on its original momentum when all our enthusiasm was at white heat. Now, we have all settled down to an even keel and are facing grim realities.

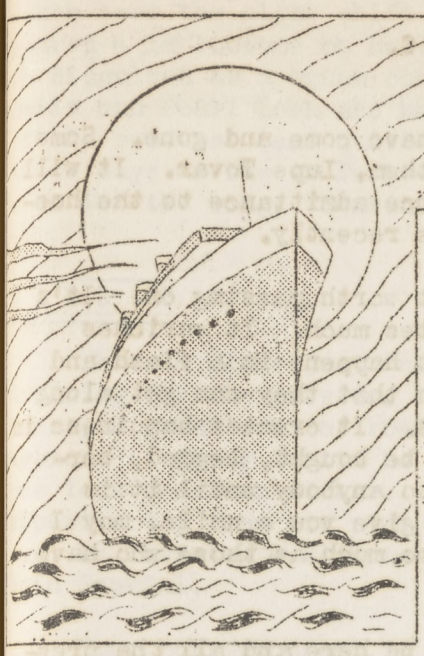
It is my wish that by this time next year The CLARION will be so firmly established that it shall be a part of anti-tuberculosis work as long as there is a tubercle bacillus in existence. To that end let us all pull together.

———————O———————

That The CLARION appears in an anniversary issue is a tribute to its many friends who have supported it through this first year when its grasp on permanency was but a tenuous thing. In the first few precarious months of its existence, it was the nickels and dimes of the readers which nursed it along; it was the literary and art contributions of our few but enthusiastic writers and artists which gave it body; and it was the splendid cooperation of everyone interested in the fight for the eradication of tuberculosis which gave it spirit. Yet, celebrating its first birthday in no way minimizes the present importance of these nickels and dimes, of these literary and art contributions, and the wholehearted cooperation so necessary to give The CLARION the chance to appear each month.

But the formerly tenuous hold on permanency is now a tenacious one. Every penny contributed to The CLARION, every article turned in for its pages, every time someone has read it, mentioned it to a friend, or passed it along to someone else to read, it has helped send the roots of The CLARION deeper and deeper so that it may never be extirpated.

—Eddie Shimano.



ROUND THE WARDS

--AT S.F. HOSPITAL

WARD 19

Three birthdays have come and gone, the way birthdays will, since last we met. Audrey Potts, Mildred McQuillan and Florence Davies have been the luckies or luckless depending on how you feel about birthdays. Audrey, being original, had her birthday on Hallowe'en, with all the necessary trimmings from goblins to birthday cake. To the three who are only a day older, not a year, we extend best wishes.

○

Levon Flynn, a migrant from Ward 30, has bounced into the title of our youngest patient. We hope your stay will be a short one Vonnie.

○

Two of our newest patients are Kathleen Mahoney and Georgia Netzela, both occupying space on the West Porch. We think something ought to be done for Georgia such as moving a grocery store alongside of her bed. She can eat at any time - morning, noon or night and the hours between. What such indulgence does to the figure is a caution.

○

Did you know that we have a Sherlock Holmes in our midst? Our night nurse, Miss Bonnie Eacret, has been enacting the role of detective while off duty. She gave able assistance in catching a burglar who had looted several apartments, not overlooking Miss Eacret's wardrobe and treasures.

○

All fall we have listened to Dr. Schaper tell us about the beautiful harvest that comes up over Hassler's, flooding the Home and hillsides with glorious moonlight. Now that the days are shorter and the nights longer he tells us about the morning stars that still appear in the sky when he starts on his early morning trip to San Francisco each Tuesday and Friday. A course in astronomy should be in order so that when we become Hasslerites we will be well versed in the lore of the firmaments.

○

SIDELIGHTS . . . Mrs. Sophie Johnson, our supervisor, returned from her late autumn vacation. Welcome back and "we really have been very good while you were away." Marie Ducca, one of our youngest patients, asked Florence Davies if she had ever heard that new radio program "To Be Announced". "I always meant to listen to it but have never been able to remember it." . . . Gladys Karabian was overheard asking someone, "What are those weasels the doctors are always talking about?" We hope you've been enlightened, Gladys . . . "Skippy" Pineda remarked of her extra-pleural, "It didn't amount to anything and I was terribly hungry." . . . Doctor Fred Kalouch and Dorothy Hinman are quite elated over the success of Minnesota's (their home state) football team.

○

You can tell that the well known Mr. Winter, who usually arrives about now, is definitely knocking at our door. The proof is all of our lovlies blossoming out in their very elegant flannel P. J.'s and sweaters of all varieties and colors.

○

Jesse Whiting, one of our able practicals, has been waiting patiently for months

to see her name in The CLARION - okay Jesse, here 'tis.

E. C.

W A R D 31

By the time this has gone to press Thanksgiving will have come and gone. Some of the girls had permission to go out for the day - among them, Lupe Tovar. It will be an especially special day for her; her first day out since admittance to the hospital. Speaking of days out, Marie King had that privilege recently.

○

Vivian Francisco came across this piece and thought it worth passing on. It's called the "Value of a Smile." "It costs nothing but creates much. It enriches those who receive without impoverishing those who give. It happens in a flash and the memory of it sometimes lasts forever. None are so rich that they can get along without it and none so poor but are richer for its benefits. It creates happiness in the home and fosters good will in business. Yet it cannot be bought, begged, borrowed or stolen. It is something that is no earthly good to anybody until it is given away. If at some time you meet someone who fails to give you a smile, may I ask that you give one of your own? For none need a smile so much as those who have none left to give."

○

The ward is all in a dither . . . Christmas will soon be here and all the presents have to be ready. Many of the girls are very clever at making articles for gifts . . . New additions to Hassler - Lillian Schroeder and Frances Low. "Having a nice time girls?" Tough, huh Frances. Get it? . . . With patients going to the farm or home as ex-patients we greet as newcomers Cecelia Donohue, Marie Maquignor and Rose Ferrari. We hope their stay will be a short and happy one.

○

Marie King has submitted her latest poem - - -

It will be a happy Thanksgiving Day,
For sixteen of our girls will go out to play,
Amidst their families and their fellow man
To feast and drink to the joy in this land
But for those of us who have to remain
Thanksgiving Day is not in vain
We too, will join in the repast
And think of the future and not the past
To thank God on this eventful day
For a peaceful country in which to stay.

H. R.

W A R D 32

It seems like old times seeing Doctor Storey on the ward. Just a year ago she was our interne and now she is back as our House Officer. We'd like to give her a big welcome. We're also proud of the fact that Doctor Tingsley decided to stay with us for another month.

○

The girls are all busy these days since Christmas is just around the corner. A corner sure to be reached with the passing of a little more time. Gladys McKenzie has really set a knitting record. She turns out as many as two sweaters a week. Her theme song is "Knit One, Purl Two" - - - Maybe that isn't a theme song but just a lot of work . . . Wish everyone could see the animals that Mable Nelson is making these days. With the aid of a small Singer Portable, which does a swell job of lock-stitching, there really isn't much work and it does a beautiful job. Her latest creation is a very teddy-bearish Panda. (Marie Warraner take note.)

○

RAMBLINGS . . . Lots of luck to Rose Nace and Marianna Free, who left us this month . . . Myrtle Friend is getting around these days for visits with all her friends as she has been given "all up" privileges . . . . A welcome back to Miss Hannon who has

taken over the night shift . . . Miss Hartman proved quite entertaining when she appeared a-la costume on Hallowe'en. And Mr. Frank McPhee was no less than sensational disguised as a squaw complete with papoose . . . We'd like to bid welcome to Ruth Davis and Pearl Leon who have been transferred from Ward 31 . . . Lucy Moran is one of the sweetest (and quietest) girls on the ward . . . Jenny Low looks very happy these days as she is Farmward bound . . . We often wonder about Agnes Johnson's fondness for the song, "Stardust." We agree that it is a beautiful number.

L. D.

WARD 22

The old place just "ain't" the same since the Champ, Charley Horn, has finished training for the outside. Charley spent quite a time in camp and after much persistence, a great deal of road work, considerable shadow boxing, and the very able management of Danny Curtin he finally made the grade. Of course it leaves the ward with one less peerless picker. Nice thing about Charley - you could always play 'em the opposite way from his pick and win most of the time. Now a new system of picking must be invented - with no guarantee that it will be anywhere near as good as the Horn Special.

O

Your correspondent is getting lonesome down here. Suddenly, and for no apparent reason this ward is filled with "cure chasers". Was a time when you could meet somebody in the halls once in awhile but those days seem to be gone. Perhaps its another indication of this changing world. We're tempted to drop a pin one of these days to prove that it can actually be quiet enough to hear a pin drop. The stay in bed habit has even hit Ralph Dempsey, and that's news, friend.

O

With such a dearth of happenings its as much as a man's life is worth to try to fill up a little space. Must remember to scare up some of those old tall tales that put some of our ward mates high up in the Royal Order of Fibbers. This laziness bug has even got us - - time to retire.

R. C.

WARD 23

While lazily contemplating the puss expressions of beginners at knitting, we wonder if their calm is forced or if they just get that way. Some of them do or don't and others bust a needle, by gosh. Don't ever let it be said that we forgot to mention knitting in our column. Knit two, purl two, knit four, dropped one. Now what?

O

Can't resist a word or two about the heavenly bodies passing our line of vision. We hate to shatter your illusions, but we're speaking of Jupiter, Saturn and the Moon, which have been appearing in all their splendor each night. How we do go on.

O

Thumb Twiddlings -- Disillusioning Barbara on her ideal man; short pajamas on tall guys, long pajamas on short ones. Seams must be crooked. Anyway tall guys should wear two pairs - one for spats.

O

Thoughts While Lolling -- Sunday visitors thundering in. And some of those hats. We wouldn't wear one in public, even on an election bet.

O

Sign over ward Shylocks bed - You ask for dime, I no give. You get mad. You ask for dime, I give, you no pay, I get mad. I think more better you get mad.

O

Characters -- If ever any of you get down our way we'll introduce you to "Sleepy" Thelander. He's really taking the cure and hasn't finished last Sunday's paper yet. Diego "Pop-a-vest-button" Rul, who's in the market for a longer pair of pantaloons; a walking add for Keplers . . . "Boss" Gus Holm, always ready, willing and waiting for a pinochle game . . . "Sailor" Forsloff seriously stressing his point. What point?

"Oh, Johnny" Young, a sartorial masterpiece with the latest and most gorgeous colored beret; . . . "Porky" Wolholm shuffling along with that contented look . . . "Ma" Fisher, our cheerful punstress . . . and "Maggie" Fay, our complaisant servant.

○

Ward Champeens -- For quite some time we have been wondering if some of the boys really laugh at Andy Sears' jokes, or at his hearty laugh. Indeed it's baffling. We don't wish to gossip, but - - we don't think the south porch will ever be the same again. That is since "Bambino" Doyle has left for Hassler's. Our loss might be Hassler's despair, but we do wish him a speedy recovery.

○

And that's enough Cod Liver Oil for now, so vitamins to you.

B. B. & R. D. B.

W A R D 24

Since being on the air recently, via the Raving Reporter, we feel rather sheepish about even attempting to write. Had it not been for our very excellent male chorus our debut would have been a complete failure. But all is well because the chorus was led by our tenor John Langsea - of course he finished alone but at least he finished. There have been numerous unconfirmed rumors that a sponsor is planning on signing us on a national hook-up but until the contract is tucked away in the safe we are open to any offers.

○

Some mention should be made regarding the remark in the last issue of The CLARION under news from Hassler. We were afraid Leonard Finigan would go native if left up in the hills. He'd better take care of the crops instead of trying to emulate Orson Welles. We'd be willing to bet that the resemblance ends with the brush on his face. From there on in it's just Finigan.

○

The solarium has been turned into an amateur liars club. Maybe not so amateur at that. Every evening three widely travelled gentlemen meet there and swap tall tales. The two Rays', Dennison and Jorgensen, and Mark Robinson make up the trio. I live there too but everybody knows that my lies are true stories. "Snuffy" Smith was in the competition for awhile but his tallest ones were just ordinary chatter to the solarium. As a result he has ended up in the second division, which is the gang on the porch.

○

Serious investigation as to the talents of the ward has given us a new insight into things musical. With a few instruments we could turn out a first class band. And no remarks from that heckler such as, "A first class band of what?" Robinson is a xylophonist and drummer of note, Langsea plays a mean fiddle, Banioza is a steel guitar strummer and Balistrieri can give a bell cord a real workout. Mendia and Macfadden are far from beginners at cribbage, Jorgensen is an adept at solitaire, and Mopey Burrows plays with matches. Roberts does tricks with the hearts of the fair sex, Andy Anderson with dolls, and Dennison plays 'possum during rest hour. Bradley plays on the linoleum and as you must know WE ALL SING.

D. R.

W A R D 25

This ward happens to be one of those model wards where things seldom happen. However, one event of more than passing interest is the improvement in Larry Flynn's checker game. Was a time when victory was always beyond his reach but persistence and the taking on of all comers has made his game positively scintillate. In his own inimitable style he has incorporated into his system a special "T" formation with all men in motion and a few extra double flankers. Add to this a few mouse trap plays, some very clever cross-blocking, a few other odds and ends of hipper-dipper and the system is practically infallible. Having overcome the little competition that the ward can offer he is beginning to look for greener fields and bigger game to conquer.

The Joe and John who occupy the West Porch and put on those nip and tuck cribbage battles are worth a couple of words. More formally they are known as John Varrentzoff and Joseph Yeazell. They're a couple of peggers worth writing home about. They haven't done so badly by the Fairbanks either with John V. well past the two hundred pound mark and Joe the "Y" plus about thirty-five pounds during his comparatively short stay in the hospital. We're lacking definite committments as to their appetites but they must be good, friends, they must be good.

○

MEANDERING . . . Joe Barca still stokes . . . the Angelo Garcia-Nick Pinna combo continues. They make a good team but who's the straight man? . . . old friend Henry Low has certainly developed a debonair manner these last months. An imperturbable dignity . . . we kinda like that gaudy scarf that "Pinky" Hanson is sporting these chill mornings. A page from Esky? . . . Nice to see Fred Blake have the "bug" so definitely on the run . . . oh, for a bottle of the Dan O'Keefe guaranteed hair restorer. Do you suppose that he and Joe Gregg are planning some kind of a national campaign during those nightly confabs? Or is it just gabbing? . . . the boys in the B-- P-- ahem, let's just call it the basket solarium, are still willing to start an argument on any subject at any time . . . and then I stumbled and found that it was the dead line that caused the trip.

A. M.

WARD 26

SOME WORTHWHILE SIGHTS THAT WE MISSED SEEING . . . That duo who went wading out at the ocean beach and were slapped by Father Neptune..... And WHO departed, during the night, from those four garments that were left on the sidewalk across the street? An interesting conjecture. "Slips that pass in the night."

○

OVERHEARD over at X-ray . . . The technician gets Earl "Mo" Hammons all lined up to have his picture took and then, "Take a deep breath . . Hold it... Hold it." Earl - "I am."

○

(NOTE: Your reporter in line of duty ventured into this room just in time to be clipped on the chin by a misdirected (?) missile, and Pommer taking that moment to break his mirror, I hastily retreated to reconstruct my lines, so the following paragraph is by Jow "Banjo Eyes" Donlin and Frank "Crooner"Berg.)

"BONEYARD BREVITIES" . . . or six lessons from Madame La Pommer who denies most emphatically the use of cosmetics although caught with the goods! . . . That's all right Pommer, at least you have a little local color . . . We all miss Vincent Ng, more intimately known as "Ping-Pong" who went "farming" awhile back. Lots of luck "Wahoo" . . . The one vacant bed caused quite a shakeup in our little family. It seems there was quite a rush for the warm corner of the ward, now that the north wind doth blow . . . Our "Chaingang" Lee is no imposter as we first believed; to prove it he tied a rope around each leg and tied them together like leg-irons and connecting chain and then changed his pajama pants without removing the rope. "Banjo" Donlin is still taking Julie in pinochle but Julie insists on holding the book of "Hoyle" in one hand because he claims the luck of the Irish is enough to compete with . . Julie claims his resistance is now 100%, but to play safe he uses five blankets and also wants the warm corner of the room.

○

DREGS . . . G. B. S. has been excavated and evacuated and is now breathing the rarified atmosphere of the porch from whence "Captain Archer" Nagy and his gang, with the exception of Mr. Parkin, have been "blitzkrieged" to the West Porch of the "Outcast Department". Jim "Prof" Montgomery is still stripping the gears trying to get that heavy load over the hill or, as Eddie Hon so aptly put it, "Oh, did you year that noise last night! A roar like Gilmore the Lion." . . . From the dining room come reports of the prodigious feats of Owen Patrick "Long" Hughes in stowing away the grub which leads us to believe that there is truth in the rumor that he is keeping a couple of horses on the side . . . And isn't it something to see him and "Shorty" McGarvey

strolling down the hall together . . . "Mum" is the word Mrs. "E." Snyder; it's all off the record with me . . . And I couldn't leave our Mrs. Almira Michelsen, "The Girl From Montana" . . . In our checker-board of orderlies put Bill Ingram on the night shift and move Clyde "Jockey" Curtis, the harmonica wizard, to the day.

○

And why shouldn't Friday be known as "Hide-day?"

G. B. S.

W A R D 28

If you are a faithful reader of Marsh Maslin's column in the Green Flash section of the Call-Bulletin, you will have noticed the plug for the Tuberculosis Division of the San Francisco Hospital (that's us) in his column of November 11, 1940. He told of our many interests and hobbies and mentioned the fact that we waste little time feeling sorry for ourselves, which is plain, unadulterated truth.

○

Mike McGovern and Art Viscarello, two of our noted alumni, are regular visitors to Ward 28. They are two constant reminders that it is possible to lick this thing called "Tb".

○

I'm no crusader but there are still some people who haven't learned that the best way to get along in this world is to practice cooperation. And those who haven't learned are all wet. A well placed "please" and "thank you" will get you a lot more service than a gruff and demanding voice. The attendants on this ward are, I believe, representative of any in the hospital and they will go to bat for you if you cooperate with them. The foregoing is the writer's opinion and not necessarily (altho' very probably) the opinion of the personnel.

○

Jimmy Jung will never live it down. He sent to an eastern concern for a knitting manual and it came back addressed to MISS J. JUNG. Was his face red!! Another item about "Miss" Jung is the fact that he has always claimed that he was forty-two years young (not jung) but when registering he gave his age as thirty-three. We've heard of people concealing their true ages and pretending to be younger than they are but never expected to see it work in the opposite direction. It has us puzzled along with a few others.

○

Mrs. Ford, one of the liveliest people around here, has returned from her "See America First" tour and has been telling everybody what a wonderful time she had. Name practically any big city in the United States and she's been there. Nice country isn't it?

○

SOLARIUM NOTES . . . Joe Spriggs, the little man in the body cast, threatens to get up and do the Highland Fling, he feels so good. Says the doctor to Joe, "The last time I saw you, you were in Ward B." Says Joe, "Yes, one ward led to another so here I am." . . . Does it make any difference to you that fly paper used to come in long rolls; that the trunks of ferns are used for telephone poles in the Philippines; that Pat and Mike are dead; that purile and banal can be used in an emergency; and that Mrs. Haskell's little boy, Frank, is quite a cartoonist?

R. W.

--AT HASSLER

W A R D S V - VI

All Quiet On Hassler's Front.....

○

Maybe it's the Yuletide season; maybe it's The CLARION Anniversary rush....Whatever it is both wards have been quiet for a long time. Nary a voice has piped up

with a wise-crack to be remembered with gusto, no mouse has crept up, and no lizard to be found in the beds....Nothing!!!!! With help from others we have reaped the following.....:

○

Though the time is past, long long ago, a compliment should be paid to our witches and goblins - Dee Winward, Roselpha Oberg, Dolores Benson and Annabella Hollan. They regaled themselves in the traditional spooks' finery and furnished Hallowe'en atmosphere and laughs.

○

You should see the planning for our Thanksgiving dinner. The boys will have a tough time taking in all the plaid dresses and new costumes. We hear that the dinner is quite an event at Hassler and that the dining room is beautifully decorated.

○

Oh, what a commotion these new knee-length sox are causing! Such pros and cons! Some think they would make swell bed sox for winter. Roselpha Oberg, Joy Flynn and Olga Galvan are braving the storm and keeping up with the style a la collegienne.

○

When asked if they still kicked the gong around Chinatown, what little Chinese girl replied, "Oh no, it is all modernized now!!"???

○

There is nothing interesting about Barbara Freeman, with the exception of her raven black hair and flowing robes, but she wanted her name mentioned, so-o-o-o..... Okay, Barbara? Okay.

M. H. & M. M.

WARD I

Room H of Ward 22 and Bob Collins will be interested in knowing and also understanding in the knowing thereof that "Mahatma Ghandi" Condi has moved into a private room here on the farm.

○

Remle, of Ward 28, will undoubtedly be surprised to hear of the rose throwing Romeo here on the farm of the same surname.

○

"Come on boys; let's go out on the fence and sit." Five minutes later it is - "Come on fellows; let's go poster...." And so it goes--Iggy Koman and his boys cover the farm.

○

Mayor of Hassler by proclamation, (his own), Malarkey Malone. So he is known and as yet his word and authority have absolutely no affect on the doings at the farm, but his personality so expressed over our local radio hook-up, KHHH, is appreciated by all. Just one more gag was needed to complete the program and that was a big wad of something or other to gag the "mayor".

○

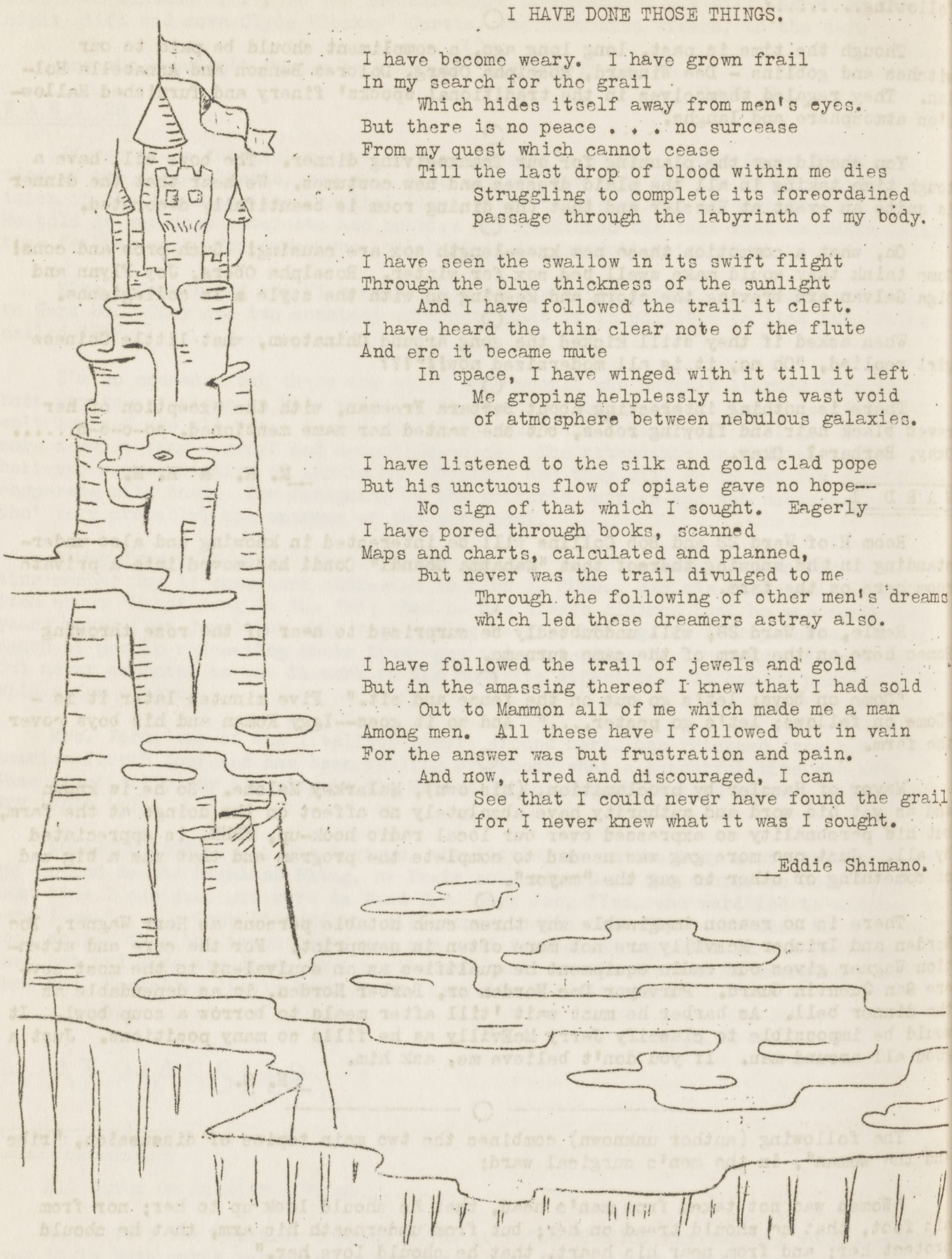
There is no reason imaginable why three such notable persons as Herr Wagner, Doc Norden and Irisher McEvilly are not more often in newsprint. For the care and attention Wagner gives our radio equipment he qualifies as an equivalent to the most severe San Quentin Guard. Purveyor Doc Norden or, Barber Norden, is as dependable as the dinner bell. As barber he must wait 'till after meals to borrow a soup bowl. It would be impossible to classify Jerry McEvilly as he fills so many positions. Just a good all around man. If you don't believe me, ask him.

N. S.

○

The following (author unknown) combines the two main topics of discussion, "ribs and the woman", in the men's surgical ward:

"Woman was not taken from man's head, that he should look up to her; nor from his foot, that he should tread on her; but from underneath his arm, that he should protect her; and from near his heart, that he should love her."



I HAVE DONE THOSE THINGS.

I have become weary. I have grown frail
In my search for the grail
    Which hides itself away from men's eyes.
But there is no peace . . . no surcease
From my quest which cannot cease
    Till the last drop of blood within me dies
        Struggling to complete its foreordained
        passage through the labyrinth of my body.

I have seen the swallow in its swift flight
Through the blue thickness of the sunlight
    And I have followed the trail it cleft.
I have heard the thin clear note of the flute
And ere it became mute
    In space, I have winged with it till it left
        Me groping helplessly in the vast void
        of atmosphere between nebulous galaxies.

I have listened to the silk and gold clad pope
But his unctuous flow of opiate gave no hope--
    No sign of that which I sought. Eagerly
I have pored through books, scanned
Maps and charts, calculated and planned,
    But never was the trail divulged to me
        Through the following of other men's dreams
        which led these dreamers astray also.

I have followed the trail of jewels and gold
But in the amassing thereof I knew that I had sold
    Out to Mammon all of me which made me a man
Among men. All these have I followed but in vain
For the answer was but frustration and pain.
    And now, tired and discouraged, I can
        See that I could never have found the grail
        for I never knew what it was I sought.

—Eddie Shimano.

THE CHRISTMAS SEAL

By Frank McPhee

The war against tuberculosis is one war in which all the nations of the world fight together under the same banner against a universal enemy. The Christmas seal idea has spread around the world and Christmas seals are sold, or have been sold, by anti-tuberculosis associations of more than forty different nations. In the United States alone, millions of seals are sold every year to help carry on the war against tuberculosis. In some years, the total sale runs above $5,000,000. This is a lot of money to take in from an article whose sale is one penny.

Christmas seals have different designs in different countries and in different years but, on nearly all tuberculosis Christmas seals will be found the double-barred cross. This was originally the emblem of the Crusaders in their holy wars. For many it has been the international emblem of the crusade against tuberculosis. The people of France, England, Germany and forty other nations all buy Christmas seals to carry on the fight against a common enemy that has killed more men than all the wars in history. Even in Japan, which is not a Christian nation, Christmas seals bearing this emblem of the Crusaders have been sold for years by Japanese anti-tuberculosis societies.

How did this almost universal use of Christmas seals get started? Who thought of it first? Let us go back thirty-six years to a little post office in Denmark. A tall giant of a man is sorting and stamping letters and packages filled with Christmas greetings and gifts. His name is Einar Holboell. As he works, the thought comes to this postal clerk that many, many persons spending money to send Christmas gifts and greeting cards to their friends and relatives would be willing to spend a little more to help fight tuberculosis.

Holboell's idea was approved by postal authorities and given sanction by the King of Denmark. The first Christmas seal was issued in Denmark in 1904 and bore the picture of the Queen of Denmark. The seals were sold for what would be half a cent in American money. The money was used to start a hospital for children with tuberculosis. The postal clerk's idea proved so popular in Denmark that it was quickly adopted in the nearby countries of Sweden and Norway.

In New York City, Jacob Riis, who had come from Denmark as a penniless boy to make his way in America, noticed these strange new stamps on mail he received from the old country. Riis was a newspaper reporter and author. When he discovered the purpose of the Christmas seal, he wrote an article about it for an American magazine and urged adoption of the idea in America. Riis said in this magazine article, published in 1907: "Why should not the idea be adopted here? Nothing in all the world is better proven today than that tuberculosis is a preventable disease and therefore needless . . . yet it goes on year after year killing an army of persons and desolating countless homes. Perhaps I feel strongly about it, and no wonder. It killed six of my brothers and I guess I know. That was in the days when there was no help for it. There is help for it now."

In Delaware, Miss Emily Bissell, who was interested in a hospital for tuberculosis, read the magazine article by Jacob Riis. She designed the first American Christmas seal and, with her friends, placed it on sale in December, 1907. Miss Bissell hoped to raise three hundred dollars. To her surprise the sale amounted to more than three thousand dollars. From then on the sale spread rapidly throughout the United States until it has grown to such proportions that in some years the income from it

runs above $5,000,000. However, the Christmas seal had then, and has now a value far greater than the amount of money it brings in. Jacob Riis pointed this out in his original article. He saw in the sale a way to interest millions of people in a war on tuberculosis--a way to teach them what to do to prevent it--what to do to cure it. Up to that time, tuberculosis was regarded by most people as incurable. They thought nothing could be done about it and that it would be useless to try. For more than thirty years Christmas seals have gone into millions of homes in America bearing the message that tuberculosis can be cured and that it can be prevented. Widespread public interest was aroused. Bond issues were passed to build free public hospitals such as this one. Study and research were stimulated so that more successful methods of treatment have been developed.

Before the days of the seal sale, a State legislature in California passed an appropriation of $50,000.00 to build a tuberculosis hospital but the Governor of California vetoed it as a useless extravagance. Today, the State of California and its counties spend millions of dollars every year for the operation of free tuberculosis hospitals because the public has become convinced this disease can be cured and can be prevented.

In San Francisco before the days of the Christmas seal, tuberculosis patients were kept in a stable at the old Ingleside race track. It was not even heated and the roof leaked in rainy weather. Thanks to public interest that has been aroused by the world-wide campaign against tuberculosis, those days are gone forever. In the last twenty-five years every bond issue to build, equip and enlarge tuberculosis hospitals in San Francisco, has always been passed by an overwhelming vote of the citizens.

As we have said before, the amount of money raised from the sale of penny Christmas seals runs to more than $5,000,000.00 a year in the United States. This is only a drop in the bucket compared to the millions that are now spent by Federal, State and Municipal governments to build and maintain hospitals like this one.

Many honors came to the poor postal clerk whose idea had accomplished so much. In 1909 he was decorated by the King of Denmark. He received decorations also from the King of Sweden and from the King of Italy. In 1924, Holboell was the guest of honor at the annual meeting of the American Tuberculosis Association at Atlanta, Georgia.

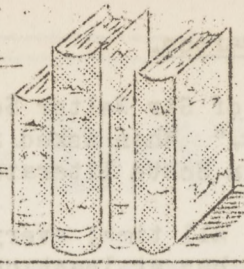
Einar Holboell died in 1927 and that year, to pay him honor, Denmark used his picture on its national seal. A memorial was erected over his grave and carved in stone under his name are the words, "The Father of the Christmas Stamp."

At the funeral services of the modest postal clerk whose kindly, simple plan to help the sick has spread throughout the world, the clergyman who conducted these services, said: "Our Lord says that we shall not hold in contempt the mustard seed, the smallest seed of all. If it falls in the right soil, it grows up into a tree in whose branches the birds of heaven build their nests. So it happened with the seed which Holboell sowed. I believe that our Lord placed his blessing upon it because Holboell was working for others, not for himself."

———— ○ ————

To accomplish anything, you need an interest, a motive, a centre for your thought. You need a star to steer by, a cause, a creed, an idea, a passionate attachment. Men have followed many guiding lights. They have been inspired by love of fame and love of country. They have pursued power, wealth, holiness. Something must beckon you or nothing is done, something about which you ask no questions. Thought need needs a fulcrum for its lever, effort demands an incentive or an aim. --
The Human Situation - W. Macneile Dixon -- NTA CLIP SHEET

BOOK NOOK



THE CLARION AND THE LIBRARY

When the first issue of The CLARION was being conceived it was decided to have a separate department for books. It was hoped that this would not only stimulate an interest in reading by the patients but might also encourage potential donors to help build a real patient library. The results of the many pleas made for books in the pages of The CLARION as well as by members of the staff are self-evident in the comparatively wide assortment of books now available.

At the time Mrs. Julian took over the job of organizing a library the few books she had to work with were old, badly used and certainly far from select. They were housed in the Assembly Room in the basement, which made it impossible to keep check on them and difficult to get them to the patients. After some time and effort she was able to get one bookcase installed on Ward 20, where the present library is located, and this was filled with the best books from the basement. There were perhaps a dozen that might be considered fairly good from a literary standpoint, and it was necessary for her to carry these from ward to ward as there was no other method of conveyance. It is quite obvious that not many of the three hundred and fifty patients in the hospital were enabled to enjoy library privileges. This, then, was the situation when The CLARION first put in an appearance and started to campaign for a library. Books had started trickling in in response to solicitations by Dr. Schaper, Mrs. Julian and others. It wasn't until outside readers became aware of our sad lack of reading material that we really began to grow.

Regular CLARION readers are familiar with the history of the library from that point on---how the response to requests for books was so great that we were practically buried in them until one of our most generous benefactors, who prefers to remain unknown, donated a sufficient number of book shelves to house at least five thousand books. Since then it has been a problem of separating, selecting and weeding out until at the present time there is not only a variety of all types of books from mystery thrillers to philosophy and science but also, as pointed out in Mrs. Julian's article in the August "BOOK NOOK", a sufficient number of books recommended in college courses to give anyone interested in furthering his education a reading background equivalent to what he might attain in college.

At the present time the work of cataloguing all the books in the library has almost been completed. When this is accomplished lists will be available to the patients so that they will be able to select exactly what they want to read and be able to get it. Meanwhile the book cart containing a fairly representative selection of books is taken through the wards every day by assistant librarian, Gaspar Perez, who is a former patient of the San Francisco Hospital.

In spite of all precautions taken to prevent their being lost some of the books continue to disappear. In order to prevent this dwindling of books from the library it is essential that those who take books when there is no one in attendance leave their names and the cards from the books they take. This cooperation is necessary to justify the faith of those who have made this library possible and to enable those who have worked so hard on it, particularly Mrs. Julian, to continue to build and maintain something that is truly worthwhile.

—Katherine Morton.

THE BOOK THAT NOBODY KNOWS, Bruce Barton.

About a week before the death of Sir Walter Scott, he said to his son-in-law, "Lockhart, read to me from the Book." When asked from what book, he said, "Need you ask? There is but one, the Bible in Scots literature."

The book is the best seller of all time; every year it continues to lead all others in sales. Nearly every home has at least one copy and yet it is little read; few people know what it really contains.

Bruce Barton as in "The Man Nobody Knows", (reviewed in the September issue by Norma Johnson), gives us his own interpretation of the book and it is at all times reverent. We are shown that the Bible is more than a collection of proverbs, acts, psalms and epistle but tells a story, a story that should be read through from the beginning. We are shown the history behind the book, how it was collected and preserved and handed down to us. True, we shall find tedious passages but when through we will have read some of the greatest literature of all ages. Here we will find, to mention a few, the greatest of all poems, one of the greatest dramas, one of the finest love stories, and a collection of proverbs which in varying phraseology have entered into the common-sense philosophy of nearly every modern nation. We will have read the best of all text books on human nature. We will have a bird's-eye view of the development of civilization without which no one can claim to know history. And finally, we have the story of the finest life ever lived on the planet. Here also are short biographies of the ten greatest men and the ten most famous women in the Bible, these having been chosen from the consensus of opinion of ten thousand ministers of all denominations.

The purpose of the book, to stimulate interest and to create the desire to read the Bible, will be realized.

__Gordon B. Stone.

NIJINSKY, Romola Nijinsky.

Had we been asked, before opening this book, to select something for popular reading, our choice certainly would not have been the life story of Vaslav Nijinsky, the ballet dancer. Frankly, our interest in interpretative dancing and kindred arts is too vague to allow for full appreciation of these subjects. However, as we become more deeply engrossed in this biography, we realize that the glory of the Merinsky Theatre and the effeminate subleties of the ballet are merely the canvass upon which is painted in startling colors one of the most tragic pictures of our times.

Given a different background, the story of Nijinsky could be the story of any man who has overcome obstacles and heartbreaking reverses in the dogged search for perfection in his chosen field. Nijinsky attained this perfection but, his "mind was too quick; his heart o'erweened too much", and (the reward of unfortunate genius) he was placed in an asylum for the insane at the very height of his career.

The book is written by Madame Romola Nijinsky, the dancer's wife. Her picturization of Russian aristocracy under the Tsars and the brilliant, enthusiastic life in Paris, Vienna and Budapest afford frequent release from the stern, poignant current of tragedy.

"Nijinsky" is a vivid biography. It is recommended here, without qualification, to any reader desirous of a clear glimpse into Nijinsky's "world within a world"--the aloof, detached, artistic realm of the Imperial Russian Ballet.

__Barney Sands.

HOLI ~ DAZE

High nonny-nonny and shout with cheer,
That Christmas comes but once per year;
And other times of meditation -
And days of mild and wild elation.
For minds are lost in happy maze -
In mad, slap-happy holi-daze.

On Easter Morn the kiddies beg
To watch a bunny find an egg.
July 4th and Decoration
Day extend their invitation.
You'll never find Whitsunday dull -
(Or New Year's Eve) - in Istanbul.

In Zanzibar they celebrate
With gin, regardless of the date;
And e'en thruout the whole creation,
The people welcome each occasion -
(Like Bacchus, hepped on ruddy wine)-
To eat, to drink, to dance, to dine.

The workers loaf on Labor Day -
(We wonder how they get that way).
On Thanksgiving, way down in Wari,
They gulp saute-au-Missionary
(We think we'd rather play a flute
In 'Frisco than a band in Butte).

The rose is red and we love you
On Hallowe'en in Timbuctoo;
(This thing is nuts; we shouldn't extend it
We'll try our very best to end it)
On Arbor Day we plant a tree -
(Ah! - rhymes are made by whacks like we!)

__Bernard Barnes.

A MERRY CHRISTMAS TO ALL OUR READERS
The CLARION
DEC. 1939
The CLARION
JAN 1940
The CLARION
FEB 1940
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APRIL 1940
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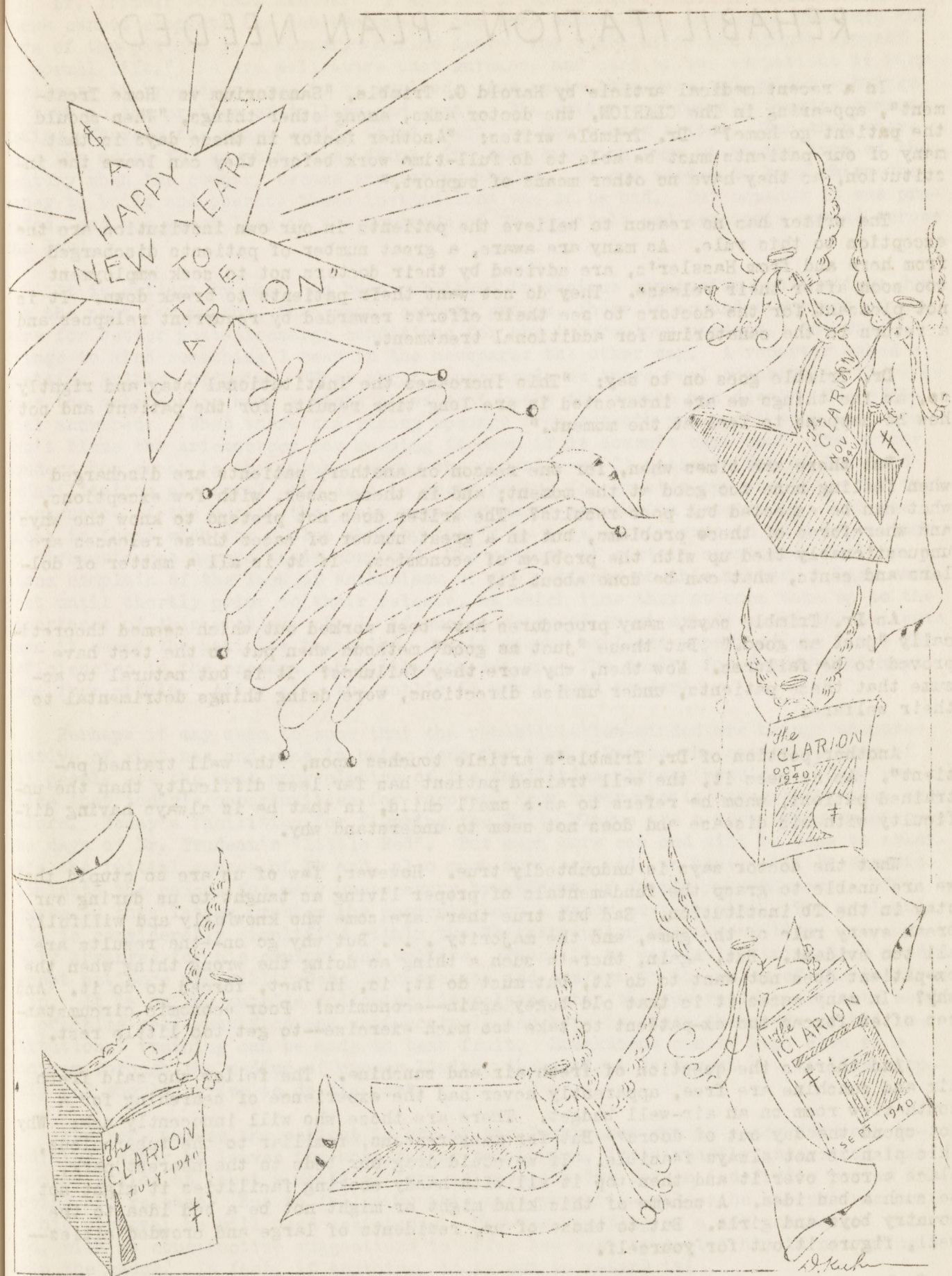
JUNE 1940


A HAPPY NEW YEAR TO THE CLARION
The CLARION JULY 1940
The CLARION OCT 1940
The CLARION SEPT 1940

REHABILITATION - PLAN NEEDED

In a recent medical article by Harold G. Trimble, "Sanatorium vs Home Treatment", appearing in The CLARION, the doctor asks, among other things, "When should the patient go home?" Dr. Trimble writes: "Another factor in these days is that many of our patients must be able to do full-time work before they can leave the institution, as they have no other means of support."

The writer has no reason to believe the patients in our own institution are the exception to this rule. As many are aware, a great number of patients discharged from here and from Hassler's, are advised by their doctors not to seek employment too soon after their release. They do not want their patients to break down. It is not pleasant for the doctors to see their efforts rewarded by recurrent relapses and a return to the sanatorium for additional treatment.

Dr. Trimble goes on to say: "This increases the institutional stay and rightly so, as the things we are interested in are long time results for the patient and not how he happens to feel at the moment."

But there are times when, for one reason or another, patients are discharged when feeling none too good at the moment; and in these cases, with few exceptions, what can be expected but poor results? The writer does not pretend to know the whys and wherefores of these problems, but in a great number of cases these releases are unquestionably tied up with the problem of economics. If it is all a matter of dollars and cents, what can be done about it?

As Dr. Trimble says, many procedures have been worked out which seemed theoretically "just as good." But these "just as good" methods when put to the test have proved to be failures. Now then, why were they failures? It is but natural to assume that these patients, under unwise directions, were doing things detrimental to their welfare.

Another portion of Dr. Trimble's article touches upon, "the well trained patient". As he sees it, the well trained patient has far less difficulty than the untrained patient, whom he refers to as a small child, in that he is always having difficulty with his disease and does not seem to understand why.

What the doctor says is undoubtedly true. However, few of us are so stupid that we are unable to grasp the fundamentals of proper living as taught to us during our stay in the Tb institution. Sad but true there are some who knowingly and willfully break every rule of the game, and the majority . . . But why go on--the results are all too evident. But, again, there's such a thing as doing the wrong thing when the ex-patient does not want to do it, but must do it; is, in fact, forced to do it. And why? In many cases it is that old bogey again--economics! Poor economic circumstances often forces the ex-patient to take too much exercise--to get too little rest.

And there's the question of fresh air and sunshine. The fellow who said fresh air and sunshine are free, apparently never had the experience of searching for a south-view room on an air-well budget. There are those who will innocently ask: Why not spend the day out of doors? But for many reasons, familiar to the tuberculous, this plan is not always feasible. If we could drag our beds to the nearest park, place a roof over it and then top it all with handy cooking facilities it might not be such a bad idea. A scheme of this kind might or might not be a bad idea to the country boys and girls. But to those of us, residents of large and crowded cities--well, figure it out for yourself.

Dr. Trimble further states: "I am also of the opinion that the institution alone cannot complete the job because of its very nature and, that much guidance and care of the patient is necessary when he leaves the institution and adapts himself to normal life." We are well aware that guidance and care of the ex-patient is very necessary if breakdowns are to be avoided. And again this care and guidance brings us back to the problem of dollars and cents. The writer can readily imagine someone asking, Where's the money coming from? Well, we don't know either. But then where does the money for anything come from? The same question came up at the turn of the century when the country became sanatorium-minded. No one seemed to know where the money to build and operate these institutions was to be had. But somehow it was provided, and the proof lies in the hundreds of Tb hospitals and sanatoria spread across the land.

It is evident by what has been published in various sanatorium publications during the past few months, that among certain groups, there is an under-current of desire for better post-discharge conditions for the tuberculous patient. And this brings to mind something I read in the newspaper the other day. A reporter asked a visiting British official, "What about democracy? Is there real opportunity there or does the aristocracy keep a rigid class that keeps the common man down?" The official answered: "When there's a strong upsurge from beneath you can't stop it. You can't blame the aristocracy for keeping it down if it doesn't come up." The writer wonders how great is the upsurge among the majority of Tb patients for an improved rehabilitation platform? How deep is their desire for greater opportunities for the maintenance of the health they have regained under sanatorium treatment? Just how great is their wish for a plan whereby they'd be less likely exposed to relapses due to circumstances beyond their control? The editors of certain sanatorium publications complain of the lack of enthusiasm of the patients on this matter, a lack manifest until shortly prior to their release, at which time they at once wake up to the importance of this problem. Well, if such a sense of ennui exists among the patients then it seems the patients themselves should assume at least a part of the blame for deficiencies in the present rehabilitation set-up. The desire for improvement must come from within. After all, the public is not a mind reader!

Perhaps it may seem to some that the rehabilitation-minded are beings unappreciative of what has and what is being done for them. But to the contrary, they of all people are the most appreciative of the facilities already provided. They realize that today's opportunities for recovery from tuberculosis are greater than ever before. Today's facilities for fighting the White Plague are a vast improvement over the days of Dr. Trudeau's "Little Red". But much more can and will be done to eradicate the initial causes of Tb and, also much more can and, we hope, will be done to eliminate the causes for many unnecessary breakdowns of former cure-chasers. Of course in this latter problem the patients have a major part to play. The patient's role is considerably simplified within the Tb institution where conditions are carefully arranged for his comfort and welfare. There is no particular initiative needed except patience and willingness to cooperate and conform to the rules of the institution. It is on the outside following his release when the tuberculous patients needs to practice self-sacrifice and self-control; and here is where the seeds of his institutional training can be made to bear fruit. Breakdowns can be kept down to a minimum through the medium of proper living; the patient is taught how to live properly and should strive to do his part.

However, unless the patient is one of the lucky ones who is ready for work immediately after he leaves the hospital or sanatorium, it is readily understood that he must follow at least a modified form of cure-chasing for an indefinite period following his release. But to follow up this cure properly--unless he has private means at his disposal he will need assistance. However, putting on a sob act to get this aid, with no constructive suggestions to offer how best to assist him is not going to help the cause. In fact, if anything, it is apt to retard it!

The ex-tuberculous patients need organization and, once organized, a platform upon which to work and plan for the ultimate good of the majority. This is not a local problem but a national one, and, therefore needs to be represented by a national "Rehabilitation League". Such a league could attend to all problems pertaining to the the ex-Tb patients, economics or otherwise, in a fair and sensible manner. And how would this league work? First of all each Tb institution would have its own rehabilitation committee composed of patients and medical staff. These groups to be represented by a State Rehabilitation Committee composed of members of the institutional committees, and groups interested in tuberculosis, such as the local Tb Association, etc. And these State Committees in turn to be represented by a national rehabilitation league. Under the system proposed much constructive and effective work can be done regarding Tb rehabilitation. At least this suggestion is better than spasmodic editorials which lead to no definite plan.

__Barney Sands.

The CLARION

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